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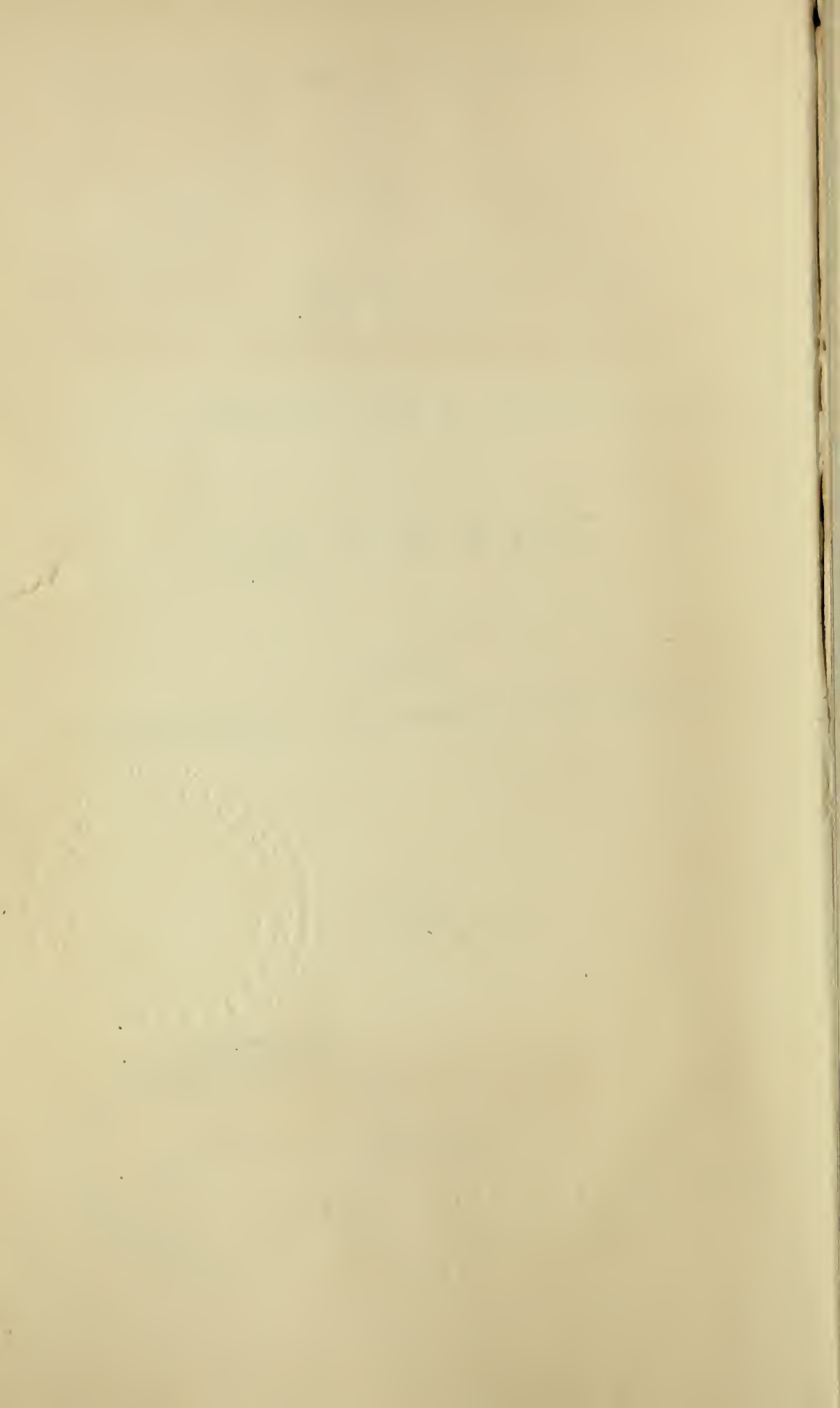
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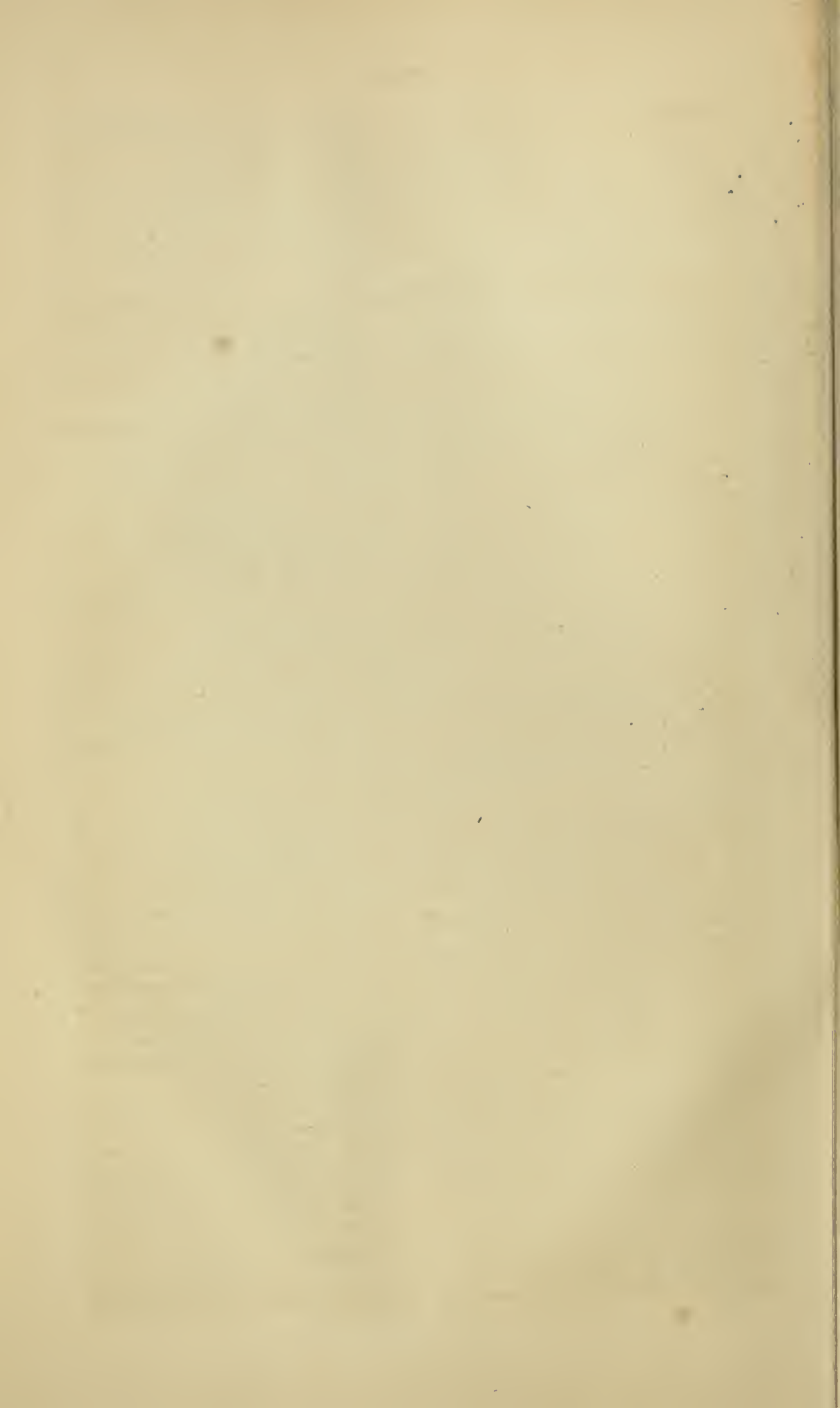


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## ECTOPIA CORDIS, OR CARDIAC DISPLACEMENT.

[An Address read before the Suffolk District Medical Society, Boston, December 30, 1854.  
By BUCKMINSTER BROWN, M.D.]

MR. PRESIDENT AND GENTLEMEN,—Every man, I suspect, who enters the ranks of our profession, if he has in truth and earnestness his heart in the work, will be found to have more or less partiality for some one of the various fertile and tempting fields which the numerous range of subjects, opened to him by his medical acquirements, spread before his view. This individual tendency, this petting of some one tendril, of the various branches into which the great trunk of medicine and surgery divides; be it denominated microscopy or chemistry, morbid anatomy or physiology, obstetrics or surgery, auscultation or ophthalmology, possesses for him a greater attraction than all the rest. This interest may be openly avowed, or scarcely acknowledged even to himself. Yet there it is, and its existence it were vain to gainsay. Our minds were originally constituted with this very end in view, and it is by such means alone that perfection can ever be attained. It is innate, and cannot be removed or rooted up, except by a new mandate from the Great Creator. This is a tendency, the action of which may be so regulated by the well-balanced mind, that it shall not produce an unhealthy state of things. Other equally important and valuable departments of the art, will not sink into insignificance in his eyes; and a thorough appreciation of each, will not be inconsistent with partiality for a subject for which he thinks his education, his habits of thought, or his temperament, may have peculiarly fitted him. Neither to such a mind need it be inconsistent with a profound knowledge and love of the various other fields of scientific research, which his professional studies present, each rich in material of practical interest, for thoughtful study, and for industrious investigation. If, however, on the one side indulging this propensity, he were to enlarge on *that* topic before the numerous audience which so constantly come up to our Saturday evening meetings, he would run the risk of wearying their patience and of failing to engage their attention; while, on the other hand, he would himself feel that any



less than an extended and analytic view, would be doing injustice alike to his own labors, and the true merits of the subject.

It follows, therefore, that it is wisest, as a general rule, to leave these more minute investigations for the monograph or the brochure. At this time it is my intention to relate, somewhat in detail, a remarkable and rare case of considerable interest, which has come under my observation.

Instances of non-congenital cardiac displacement, *ectopia cordis*, independent of thoracic disease, are very rare. Arising from such disease within the chest, as pleuritic effusion, hydro-pneumothorax, aneurism of the aorta, emphysema, diaphragmatic hernia, tumors, and possibly hypertrophy of the heart with dilatation, they have been not unfrequently met with.

As a form of congenital malformation, it has been described by various foreign writers, French and English, and the precise position of the organ in every case recorded, has been accurately defined. Displacement of the heart to the right has been found in nearly every such instance to be coincident with a similar transposition of the other organs. Two interesting and remarkable cases, highly illustrative of this general transposition of the viscera, have been minutely recorded; one by Dr. Bryan, in the "*Transactions of the College of Physicians of Dublin*," and the other by Dr. J. M. Warren, in "*the Philadelphia Journal of Medicine and Surgery*." These instances are rare; but cases in which this displacement occurs without such a reversed condition, are still more uncommon. Breschet, however, is stated to have dissected four cases in the Foundling Hospital at Paris, in which the heart was found on the right side, and all the other thoracic and abdominal viscera in their normal position. Similar cases, amounting to three or four more, have been described by Continental pathologists. It would appear, however, that they were stillborn, or died in early infancy. Dr. Stokes, in the *Edinburgh Medical and Surgical Journal*, No. 108, relates a remarkable and interesting case of dislocation of the heart from external violence. In this case there were two ribs on the left side fractured, and three on the right side, with the right clavicle and humerus. There was emphysema of the right side of the face and chest, and paralysis of the right arm, and upon examination it was discovered that the heart was pulsating at the right side of the sternum. There were no symptoms of pleuritic inflammation of the left side. The permanent symptoms were a short, dry cough, very frequent pulse, hurried respiration, inability to lie on the left side, and from time to time inflammatory attacks, accompanied by violent pain in the right side, with great increase of palpitation and dyspnoea. The pulsations of the heart could be seen and felt in the right mammary region, between the sixth and seventh ribs, within an inch of the sternum.

The precise classification of the following case, it will not, perhaps, be easy to determine. I find no case precisely similar on record. It is interesting from this circumstance, and likewise as it



bears on some important points in pathology ; and it may be, that from a careful observation of the phenomena presented, some new physiological truths may be deduced, or some old disputed question clearly settled. If it belongs to the class of congenital displacement, it is, so far as I have ascertained, with one exception, the only instance where the subject of the malformation has survived the first few years. If it should be decided to have taken place after birth, then in a pathological point of view it contains matter of deep interest.

J. S., a lad 10 years of age, was brought to me by his mother, to obtain advice for malformation of the chest. He is of slender form, light hair, fair complexion, intelligent expression.

On examination, I found the right chest projected an inch beyond the edge of sternum, forming an abrupt ridge, and there was also a depression, or, so to speak, an excavation of a portion of two or three of the ribs on the left. Pursuing my inquiries, I was informed that the patient had never suffered pleurisy, either acute or latent, or acute rheumatism, or any affection of the thoracic viscera. He had scarlet fever when 4 years of age, and that was the only severe attack of illness his mother could remember. On auscultation of the chest, I was surprised to find the maximum of the cardiac sounds on the right side ; whereas, on placing my ear to the left of the sternum, over the normal position of the heart, its sounds were scarcely audible. On more minute examination, I discovered a complete displacement of the heart to the right side—that it was, in fact, more completely to the right of the sternum than it naturally is to the left. On percussion, the base of the heart could be defined nearly on a line with the second right rib, extending towards and slightly under the sternum, while its apex was at the intercostal space between the fifth and sixth right ribs. It appeared to extend down and to rest upon the liver. The outline of this latter organ, at the point indicated, could not be clearly ascertained, dulness being continuous from the one to the other. The liver was about two inches below its average normal position.

The size and position of the heart could be well defined anteriorly. Posteriorly, dulness extended somewhat beyond the normal dimensions. The respiratory murmur was nearly puerile on the left side, and feeble on the right.

On applying the stethoscope, the following phenomena presented themselves in succession. There was a strong aortic bellows murmur, commencing between the second and third rib on the right side, three quarters of an inch from the sternum. Following this, in the median line, the murmur gradually increased in intensity, and at the sternum amounted to a most remarkably loud blowing sound or roaring, which was heard at the upper part of the sternum and its immediate neighborhood. At the junction of the second right rib with the sternum, there was a distinct musical murmur, a cooing sound, resembling a suppressed whistle. This could be readily distinguished from the murmur before referred to, and apparently

arose from a distinct cause. Both the cardiac sounds were audible from the apex to a point near the junction of the cartilage of the second right rib with the sternum, where the first sound was completely lost. The gradual diminution of this sound could be traced from a spot corresponding with about the centre of the heart to the point indicated. A slight movement of the stethoscope in a retrograde direction, and the primary sound again became audible. The second sound was best pronounced between the third and fourth right ribs.

At a subsequent examination, a rough or sawing sound was heard at one spot during both the systole and diastole, taking the place of the bellows murmur. This point was probably directly over the aortic valves. Upon moving the ear upon the chest towards the left, the bellows murmur was again heard, and in place of the diastolic *bruit de scie* was heard the roucoulement or musical whistle, affording another proof that under certain circumstances there was regurgitation. The bellows sound was not at all times equally well-marked, and the occasion of this variation could not be clearly ascertained. It could not be traced to active exercise previous to examination producing an undue acceleration of the stream through the cardiac orifices, for there had been no unusual exertion. It probably occurs whenever the heart, becoming more embarrassed, more crowded, is forced, in order to relieve itself, into unwonted action, or perhaps from some disturbance of the circulation consequent on mental excitement. The abnormal sounds were most distinct during expiration, when the parietes of the thorax were depressed.

The state of things above described was confirmed by several examinations under different circumstances, and at various times, extending through the months of December, January and February, 1847 and '48. Drs. J. C. and J. M. Warren, J. B. Brown, Gray, Morland, and Oliver, examined the case with me, and verified the above particulars.

The constitutional symptoms at this time were, severe and constantly recurring headache, accompanied by throbbing in the temporal arteries, dyspnœa, palpitation, pain in the joints and limbs, particularly in the arms, running from the shoulder down to the wrists, dyspepsia attended by pain in the stomach after eating, cough at times accompanied by copious expectoration. There was general debility. His sleep was unnatural, broken by sudden starts, dreams, great general uneasiness, together with noisy respiration; and constantly accompanied by a suffused face and copious perspiration, so profuse as to keep his clothing wet through during the night. There was extreme nervous excitability. Pulse irregular and intermitting, eminently a jerking pulse.\* He had frequent attacks of dizziness, which would come on suddenly and deprive him of power to command his limbs and cause him to fall. On

\* Which has been said to be characteristic of regurgitation.—*Watson's Pract. Physic*, p. 603. Hope makes the same statement, on Diseases of the Heart, p. 579.



one occasion he fell down stairs from this cause. He was not exempt from these attacks even when perfectly at rest. Frequently, when sitting still, he would suddenly exclaim that the room was whirling round. He had at times pain in the left side. Blueness about the sides of the neck, throat and face, was also a prominent symptom, and a marked feebleness of the left arm.

The etiology, diagnosis and prognosis in such a case as this, are all matters of extreme interest. We would endeavor to ascertain, in the first place, when and how the displacement originated. Second, what is the situation of the various organs within the chest, which has given rise to the phenomena we have noticed? and third, what will be the probable result?

Of the early history of the case I was able to learn but little that was of importance. The mother, however, felt convinced that the deformity of the ribs had always existed to a certain extent, but within a year it had been rapidly increasing.

Among the causes to which we may ascribe displacement of the heart, effusion into the cavity of the pleura is undoubtedly the most constant. This displacement is well known to be a frequent attendant on emphysema and hydro-pneumothorax; so frequent, that it has been stated to be pathognomonic of these diseases. It may take place either to the right of the sternum, when there is effusion into the left pleura; or when the disease affects the right side, the heart may be displaced far to the left, and has been found pulsating in the left axilla. But in these cases the ectopia was always dependent upon the disease, and upon its removal the heart has again gradually or suddenly resumed its natural position.

To account, then, for the permanent displacement, we might in the first place have concluded that severe inflammation in the left chest had produced extensive thoracic adhesions, followed in course of time by the depression of the ribs which was here observed occupying the precise situation of that part of the heart which should have been to the left of the sternum. Upon this theory we might presume that during the process of absorption of the fluid the contiguous surfaces of the mediastinum, pleura-costalis and pleura-pulmonalis, were united by adhesive lymph, and thus the return of the parts to their normal position effectually prevented. Or we might suppose it to have arisen from acute pleuritis on the right side, which had terminated in consolidation of the lung with atrophy, together with a consequent hypertrophy of the left lung, or from tuberculous disease having produced nearly the same condition, by which the heart was *drawn* instead of pushed towards the right.\* In the case before us, however, neither the physical signs, nor the general preceding or present symptoms, were such as to warrant such an etiology. The respiratory murmur was nearly puerile on the left side, and comparatively feeble on the right, but it was in no part absent, or so feeble as to indicate the state of

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\* See two cases in Walshe on the Heart and Lungs, American edition, p. 153.

things referred to. There was a greater extent of dulness on percussion at middle and lower back, than the simple position of the heart could well account for, allowing that it was of normal size. The compression to which the lungs were here subjected would for this afford a satisfactory explanation.

Was it, then, one of those curious instances before referred to, in which the position of all the organs was congenitally reversed: the liver, the ascending colon, &c., on the left; the heart, the stomach, the spleen, &c., on the right? This evidently was not the case. Percussion proved that these organs, with the exception of the heart, were in very nearly their natural situation.

Did the displacement, which was now for the first time discovered, occur previous or subsequent to birth? This is an interesting question, and somewhat more difficult to settle. If the position of the heart had been *simply* congenitally changed from the left to the right side of the chest, its apex would have pointed towards the right, and it would have taken its natural oblique direction upward. Whereas the apex still pointed towards the left.

Again, was it not a consequence of pressure exerted upon the organ after birth, by the parietes of the chest? This conjecture suggests what is perhaps the true history of the case.

But before we are in a condition to make this point so far clear as to fully account for the abnormal sounds, it is important for us to examine a question of more general application, and ascertain what light, if any, the case before us will throw upon the physiology of the heart's action and the evidence it offers in regard to the cause of the cardiac sounds. The phenomena observed, if carefully followed out, are perhaps capable of affording assistance in discovering their true origin, or of furnishing additional evidence in favor of some one of the existing theories. The cause of the second cardiac sound has, I apprehend, been sufficiently ascertained to render all further proof in respect to it unnecessary. But what especial action of the heart it is, which gives rise to the first sound, has not as yet been so satisfactorily settled. When we are told of a large number of remedies which are stated to be applicable to a particular disease, and when we learn that every new remedy discovered is employed for the cure of said disease, and for a short time is considered reliable, we feel well assured that the disease in question is for the most part, notwithstanding all these specifics, still incurable. So in regard to the primary cardiac sound, the numerous diverse and sometimes conflicting theories which have been given to account for its production, afford of themselves a sufficient guarantee that the true origin has yet to be discovered, or that new and reliable evidence is still requisite before the question can be definitely settled.\* In order thoroughly to examine this question,

\* "About the efficient cause of the first normal and natural sound of the heart, there is, I am afraid, a great deal still in debate. After many direct experiments, still physiologists do not agree."—*Latham's Clinical Lectures on Diseases of the Heart*, Vol. I., p. 7.

"The difficulty of unravelling the mechanism of the healthy sounds of the heart, is emphati-



it would be indispensable to enter into a discussion of the various theories of Hope, Walshe, Watson, Latham and others, which our time on the present occasion will not permit. We will now, therefore, simply inquire into the probable origin of the most prominent symptoms.

The cause of the displacement and of the accompanying physical and constitutional symptoms, was in all probability as follows. By the gradual incurvation, perhaps rachitic, of the ribs on the left, the heart had been gradually displaced behind the sternum, and finally, through the medium of the pulmonary tissue, still pressed upon by the increasing alteration in the form of the costal arch, it had been pushed far over towards the right. We may suppose that this change had occurred in the latter stages of foetal existence, or during early childhood. During the process there must unavoidably take place a considerable degree of distortion and irregularity in the course of the great vessels taking their origin in the translated organ, by which their relative size would be diminished, thus presenting a certain amount of obstruction to the current of the blood to, and from, the heart. We know that if any obstacle occurs at the commencement, or during the course of the stream by which its flow is interrupted, or its relative size is changed, the bellows murmur will be produced in tones greatly varying according to the extent and amount of impediment. Walshe, in reference to this subject, says—"Mere alteration in the direction of the current, of a kind to throw the blood obliquely against an orifice, instead of carrying it directly through, will theoretically generate murmur. Probably this plays a part in many direct valvular murmurs."\* Watson, also, very clearly illustrates the well-known law in physics by which this fact is explained. He says—"The blowing sound may be occasioned by any change which alters the due proportions between the chambers of the heart and their orifices of communication with each other and with the bloodvessels that respectively enter or leave them; it may also be occasioned by a preternatural velocity in the passage of the blood through a healthy and well-adjusted heart." Dr. Elliotson, I think it is, who has offered this apposite illustration of the phenomenon. If the arches of a bridge have a certain relation to the quantity of water in the river, and to the force of the current, the water passes through them quietly and without any noise. Diminish the size of the arches, and the water begins to go through them with an audible rushing or roaring sound. The very same thing will happen if the arches remained unchanged in size, but the quantity of water in the river, and therefore its velocity and force, be augmented by heavy rains. So it is in the heart. If one of its orifices—say the aortic orifice—be narrowed by disease or in any other way, the blood will

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cally proved by the fact, that from the time of Laennec to the present day, at least twenty-nine theories have been proposed in its explanation."—*Walshe on the Heart and Lungs, American edition, p. 187.*

\* Walshe on the Heart and Lungs, American edition, p. 206.

not as before glide through it smoothly and without noise, but will yield that sound which we call a bellows sound ; so also if the orifice retain its natural dimensions, but the capacity of the cavity from which the blood is driven be augmented.”\*

The unnatural change of position which the heart had undergone in the case under consideration, furnished all the requisite conditions for the production of the bruit de soufflet, and we have it in its most intense degree. The musical cooing and whistling notes to which we have referred, would require an additional cause, and were perhaps attributable to some abnormal development or action of the valves.

In connection with this case, and in conclusion, we may briefly refer to other curious and extraordinary instances of cardiac displacement, in which the heart has occupied situations in various parts of the thoracic and abdominal cavities, that have been narrated by European observers. A case closely resembling that which has been above described, is related by Dr. Kennedy, of Dublin. “A respectable middle-aged woman presented herself at the Dublin General Dispensary, complaining of dyspnœa and distressing palpitations. On examination with the stethoscope, it was discovered that the heart was pulsating at the right side, and no disease could be detected in any of the thoracic viscera to account for the displacement, in addition to which the woman positively avowed that she had felt her heart beating in the same place as long as she could remember ! The physician to whom we are indebted for these particulars, seemed to entertain but little doubt that the displacement in this case was congenital.” A displacement has been described by Parmel in which the heart was situated in the abdomen, occupying the place of the stomach. The patient was a girl, 10 years of age. Another is related still more extraordinary, in which it was found in the place of the left kidney in a man who lived to mature years, and at last died of renal disease. Three cases are likewise detailed in which the heart was situated in the neck. In most of these cases the arrangement has been such as to afford the vessels fair play. But in those where the displacement is non-congenital, there is necessarily more or less disturbance of the heart’s action before it can accommodate itself to its new position. Add to this the increased obstruction from pressure, and we find perhaps a sufficient explanation of the phenomena observed, without diagnosing severe valvular disease. Where the displacement is considerable, the consequences, independent of disease, must be most serious and detrimental ; but even to these, the powers of nature are undoubtedly in time capable of adapting themselves.

*Treatment.*—The treatment recommended in this case was simply hygienic, and the use of gentle gymnastic exercises. In other words, very accurate attention to the state of the general health, to diet, atmospheric influence, and avoidance of mental labor ; com-

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\* Watson’s Practice of Physic, pages 591 and 592.



bined with active exertion of those muscles whose function it is to expand the chest, and thus by a gradual increase of the thoracic cavity relieve the enclosed viscera, and permit, if possible, the return of the displaced organ to its normal position.

Before concluding this paper, I should be doing injustice to my own feelings, as well as to yours, if I did not allude to the great loss which we have experienced since last we met together. One who has often at our meetings enlightened us by his practical knowledge and scientific research, whom we all highly respected as a valued professional brother, and to whom some among us were bound by the closer tie of personal intimacy and esteem, has passed away. This is not the time to speak his eulogy. That has been done by others, and a series of resolutions bearing testimony to our regard for Dr. Parkman, have been placed upon record. But a passing tribute to his memory is appropriate both to the time and the occasion.

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#### SINGULAR CASE OF AMPUTATION BY MEANS OF A FINGER RING.

[Communicated for the Boston Medical and Surgical Journal.]

THE following curious accident shows that the wearing of finger rings, "the history and poetry" of which has lately occupied the public attention, is not under all circumstances unattended by danger.

I was awakened at about 3 o'clock, a few mornings since, by a young man who said that he had lost off the little finger of his right hand. The account given was as follows:—Being a clerk in the post office, he was busy in assorting the mails. Having occasion to reach up to a high box or shelf, he stood upon a stool, and in the act of stepping down to the floor, a thin plain gold ring, upon the little finger of his right hand, caught in a sharp projecting hook used for the purpose of attaching mail bags. Being thus for a moment suspended, as it were, by the ring, it cut its way, or, as the patient expressed it, *whittled* through the integuments of the finger, and finally separated the member at the last joint, the severed portion falling upon the floor, while the ring remained suspended upon the hook. A fellow clerk immediately picking it up, very nicely adjusted it, and bound round a handkerchief. About twenty minutes elapsed before I saw the patient. There having been no hemorrhage of consequence, and finding the parts in good apposition, I was desirous of seeing what nature might effect. Accordingly I merely applied strips of adhesive plaster, and bandaged. The next day, I found the patient very comfortable, having suffered little or no pain. Still giving him the benefit of a doubt, I concluded not to interfere with the dressings. Two days after the accident, however, I ventured to take a glance at the parts, and found the finger, as might have been expected, perfectly dead. Amputation was immediately performed, with the assistance of Dr. Minot, in the continuity of the first phalanx.

On examination, I found that the ring had cut through the integuments upon the dorsal surface of the finger, commencing just below the second joint, laying bare the second phalanx throughout its entire circumference, and finally severing the last phalanx at the joint. Sufficient sound integument was obtained upon the palmar surface to form a good flap.

I wish, in this connection, to say a few words upon "the place of election" in amputation of the fingers, as regards the second and the metacarpal joint. So far as mere appearance goes, there is no question but that the amputation should be performed at the metacarpal joint, a small portion of the metacarpal bone being also removed. This proceeding does away with the unsightly appearance which the stump of a finger must always present. But if usefulness is to be taken into consideration, it will be found that even the smallest stump is of the greatest importance—as the breadth and strength of the hand is thereby preserved, a matter of no small account to the individual dependent upon manual labor.

5½ *Beacon st., Boston, Jan. 31, 1855.*

D. D. SLADE.

#### PUBLIC HYGIENE.—PAVEMENTS.

(Communicated for the Boston Medical and Surgical Journal.)

I know not, Messrs. Editors, why a medical periodical should not find its articles in the street. The correction of public vices improves public health; the correction of public mistakes will often do the same. Very many of your readers have not yet forgotten the decaying blocks of wood, that used to trip their horses, dislocate their tires, and fracture their shafts. These blocks have passed away, and first to supply their place came the cubical stone block. We all remember with what delight the even surface was seen, and with what comfort to ourselves and horses we first rode over it. Some of us owned horses then. But the blocks grew smooth very soon, the calkins on the shoes wore rapidly off, *our* horses fell, our chaises broke, the city could not change the pavement to suit us, and so we sold out. Why, gentlemen, the extra business made by rapid drives to imaginary calls upon apocryphal patients don't begin to pay the repair bill. Well, the day of stone blocks was nearly done, and we feared a relapse into the old cobble stone, when our fathers in Court square heard of the cast-iron pavement. Walk or ride through Court and Howard streets, and see it. A beautiful pavement, smooth, even, almost noiseless. You never slip on it when it is wet, as you do on the stone one. Very true—but when it is very dry you do slip. Besides—stop a minute at the corner of Washington street, and notice the horses balk, when they first step on it. Those iron points are too small. They press the frog too hard. Well, you say, make the points broader. That won't do; the horse will be sure to slip then, and your vehicle's bones will rattle like those of a skeleton in armor. From what



is said by our superintendent of streets, we presume that, from State street to West, Washington street is soon to be paved with iron. As one of those who walk and chat in the highway, for the sake of my ears and my foothold, above all for the sake of those who ride, for the limbs of horses, the wheels of carriages, the necks of riders, for the sake of invalids, I trust that a trial may there be made of the Nicolson pavement. Do you know what it is? If not, go through Mason street and Exchange street, and see what has been down less than two years. Ride over the Sea street bridge—see how even that is, which was laid two years ago, and calculate the hundreds of thousands of tons that have bruised it. Ride over the Mill Dam, and see what has been down six years and a half, and you will see a pavement smoother than any other in the neighborhood; safer, because a horse cannot slip on it; quieter, because of the very nature of the material; healthier, because cleaner; equally durable, as the experiment has shown; cheap, because cheap at its first fixing, and unsurpassed for engine fuel if taken up in ten years. If you doubt what I say, step into the office of the superintendent of streets, and see the specimens.

Truly your friend, THE DISMOUNTED DOCTOR.

*Boston, Feb. 1, 1855.*

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#### ELECTRICITY AN ANTIDOTE TO THE EFFECTS OF CHLOROFORM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Noticing in a recent number of your valuable Journal, an article on ether and its antidotes, I was reminded of a trifling incident which occurred some five or six years since, while I was employed in the telegraph office at Salem, Mass. I had been making use of some chloroform for various experiments, and left a small bottle, containing, perhaps, half an ounce or so, standing on my table. A friend came in and took up the bottle, inquiring what it contained. On being told that it was chloroform, he asked “may I smell it?” I said yes, and went on with my business, not noticing what he was doing. Presently I heard the bottle fall, and looking round saw him leaning over the table, on his elbows, still apparently smelling the bottle, which had slipped from his fingers. I found that he was in that peculiar state of intoxication which causes the subject to be much exhilarated in feeling, but not particularly choice in the use of language. I at once proposed to administer a shock of electricity, to which he assented. I caused him to take hold of the wires of the telegraph circuit with both hands, and upon breaking the circuit between his hands, his face was instantly suffused with a deep crimson dye, and the influence of the chloroform was as suddenly arrested.

Very respectfully yours,

*Boston, January 25, 1855.*

MOSES G. FARMER.

## EXCESS OF LIQUOR AMNII.

[Communicated for the Boston Medical and Surgical Journal.]

THE following brief notes will show a case very similar to the one reported by Lehlbach in the Journal for January 24th.

October 30, 1853.—Mrs. Clark, aged 25, the mother of one child, became pregnant the second time, about six months ago. She progressed with no unusual symptoms, till three weeks since, when she began to increase more rapidly in size, and to experience pain in the right side. For this constant and increasing pain, she applied to me about ten days ago; and I bled her, gave a cathartic, and afterwards anodynes, with but little benefit. The enlargement progressed, till the tumor reached the ensiform cartilage, and she looked quite as large as a person at the full term. Yesterday she experienced false labor pains all day. I examined per vaginam; found no dilatation. Practised *ballottement*, and could distinctly perceive the fœtus ascend, and, falling, feel it strike the finger with a very gentle blow, giving the impression that the child was very small. To-day true labor came on, and she gave birth to a small fœtus, followed by the discharge of as many as twelve quarts of water, and immediately the tumor collapsed. Soon after, she expelled another fœtus, same size as the first. She is now doing well.

Elmira, N. Y., Jan. 29th, 1855.

T. H. SQUIRE, M.D.

### Hospital Reports.

*Fibro-Plastic Tumor—Operation for Removal, &c.* (Reported from the Surgical Records of the Massachusetts Gen. Hospital, by ANSON P. HOOKER, House Surgeon.)—January 27. The patient, J. B., an apparently healthy Irishwoman, unmarried, presented herself at the Hospital this A.M., having a tumor over left clavicle. She says a "small pimple" first appeared about two years ago, which did not increase in size, nor trouble her in any way till within the past five months. It then began to enlarge, but was not painful. It is now considerably larger than a goose-egg; of a conical shape, and has a lobulated appearance. The skin is thin and somewhat vascular, and at the apex is slightly ulcerated. It is firm to the touch, perfectly moveable, non-adherent to the deeper parts, and not painful on pressure, except on the inner edge where there is a congeries of veins running from its apex.

She was taken to the operating theatre, and being thoroughly etherized, the tumor was removed by Dr. Cabot. He made two elliptical incisions about four inches in length, and speedily removed the tumor with the scalpel and fingers. One artery was tied; five sutures passed, but not tied, there being some oozing; cold-water dressings were applied.

On removing the dressings in the afternoon, there was considerable hemorrhage. Two more arteries were tied, which did not show themselves at the time of the operation. The edges of the wound were drawn together by the sutures and by adhesive straps. Patient was left quite comfortable.

Jan. 30.—Patient is very comfortable.



*Microscopic Examination of the Tumor*, by B. S. SHAW, M.D.—Evidently fibro-plastic. Composed principally of free nuclei, with few cells, and presenting scarcely a trace of fibre. The cells were chiefly of the elongated and fusiform variety. The nuclei were elongated, oval, pale, and contained minute pale nucleoli. No resemblance to the minute structure of cancer.

The results of the microscopic examination made by Drs. Ellis and Cabot agreed precisely with the above.

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*Neuromatous Tumor.—Removal, &c.* (Reported by ANSON HOOKER, House-surgeon, Massachusetts General Hospital.) January 27. M. C., æt. 38. The patient came into the Hospital complaining of pain in a spot on inner side of middle finger, which has been amputated about the second joint. There is a projection of skin at the painful spot. At this point there is great tenderness on pressure, and at times very great pain.

Patient was thoroughly etherized, and Dr. Cabot removed the tumor. He made two elliptical incisions, which were carried deeply into the parts, and the skin, with a portion of a white tumor, were excised; at the bottom of the incision a small white substance, of the size of half a pea, was observed, which was seized with the forceps and dissected out. Its deep portion terminated in a point like the prongs of a tooth; these were cut off at some distance from the tumor. The edges of the wound were drawn together by one suture, and the patient sent home quite comfortable.

Jan. 29th.—Patient returned to have his wound dressed; it is nearly healed.



*Microscopic Examination*, by Dr. B. S. SHAW.—Well-marked nerve tubes discovered in this specimen. It was principally a fibrous growth, and very few tubes were seen, but they certainly existed. In certain of them the internal substance is drawn out (as shown in the accompanying wood cut), presenting an appearance which cannot be mistaken.

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[The cases which follow are published in connection, to illustrate the comparative merits of the two operations practised. In the case in which the abscess was opened with a trocar and canula, the amount of pus contained and evacuated was much larger than in the other, and the patient had no bad symptoms whatever; in the other case, in which incision was made, although the abscess was far less in capacity, there were very severe constitutional symptoms.—ED.]

*Psoas Abscess.* (Reported by Mr. HOOKER from the Records of the Massachusetts General Hospital).—December 6, 1853. J. R., æt. 30. Married; farmer; Ireland. Patient is a stout, hearty-looking man, weighing 185 pounds. Two years since he had a weakness in back, attended with pain which extended down his legs. There was tenderness on pressure over last spinous process of vertebral column. He can assign no cause for it. This "weakness" continued till about two months since, when he first noticed an appearance of a tumor below right Poupart's ligament on inner side of femoral vessels. After the appearance of this tumor, he had no pain in back. While in horizontal posture, tumor diminishes in size, being

smaller in morning than at night. An impulse is given to it on coughing. While lying on his back, distinct fluctuations are conveyed from tumor to his abdomen, in the iliac region. The glands of groin are slightly enlarged. The size of tumor is about that of a man's fist. After having sat for a considerable length of time, right ischiatic tuberosity troubles him, feeling sore. Right buttock is larger than its fellow. Distinct fluctuations can be felt between this side of nates and tumor on thigh.

Dec. 7th.—House diet. R. Pot. iod., ʒj. ; syr. sars., ʒviij. M. ʒj. t. die.

10th.—This A.M. patient was taken to the operating room, and the tumor punctured with a flat trocar and canula, suction pump applied, and pus evacuated to the amount of ʒxxxiss. Adhesive plaster over puncture.

12th.—Compresses and bandage were applied over abdomen and right buttocks, pressing pus into cavity on right thigh. Pot. iod. to ʒij. 3 t. d.

15th.—Increase pot. iod. to ʒij. 3 t. d. Bowels regular.

16th.—Tumor was again punctured by Dr. Cabot with a trocar and canula, and pus to the amount of ʒxviss. drawn off by a suction pump. The operation was a subcutaneous one, similar to that of the 10th inst.

18th.—Increase pot. iod. to ʒjv. 3 t. d.

19th.—Two issues established on each side of spine, in region of last dorsal vertebra. Bowels regular.

21st.—Reports that he has taken cold, and has some soreness in back. Tumor on thigh beginning to form again since operation of 16th.

23d.—Some febrile symptoms ; tongue coated ; some nausea ; headache. R. Pulv. ipecac., gr. xx. ; zinci sulphatis, gr. vj. M. In R. of 7th inst. substitute dec. sarsap. for syr. sarsa.

24th.—Emetic operated once yesterday. Has some pain in tumor and nates. Apart from that, quite comfortable. Tumor was again punctured by Dr. Cabot, and ʒxxj. of pus drawn off. This operation was also a subcutaneous one. Pus mixed with blood. Liquid farinaceous diet ordered.

29th.—Some discharge of pus took place from last puncture. Apply flax-seed poultice. May have bread. Tongue somewhat coated.

January 3d.—Abscess continues to discharge some blood with pus. Issues on back nearly healed.

February 19th.—Abscess discharges some pus still.

March 3d.—Discharged, relieved.

After the first tapping, in a few days the walls of the abscess, where it appeared on the nates, became thickened and slightly tender. At the two subsequent tapplings the pus contained more blood, a great deal in last, showing in connection with the hardness some increase in vitality, or perhaps inflammation of the interior of abscess. Little or no constitutional effect followed the operations, and the cavity of the abscess appeared gradually to close up, leaving for a time quite a hard lump at the place it occupied on the buttock. When he left the Hospital the discharge had very much diminished, and the pain and soreness nearly ceased. Was able to be up and about some time before.

*Psoas Abscess.* (Reported by Mr. Hooker from the Records of the Massachusetts General Hospital.)—January 18, 1854. E. C., æt. 23. Single ; laborer ; Ireland. Patient reports that it is now six months since he had some pain and soreness in lumbar region, which continued for about six weeks. Then began to have pain along right thigh ; and two months since, first noticed a swelling below right Poupert's ligament, on inner side of femoral vessels. Tumor is of the size of a small hen's egg. Fluctuation can be felt. When in horizontal position, size diminishes. Has had some cough for the past two months.



January 28th.—This A.M. tumor was punctured by Dr. Cabot with a trocar and canula, and only about ʒij. of pus drawn away with the suction pump, owing to clogging of canula with curdy matter.

31st.—Incision made into abscess. Large quantity of pus with much curdy matter discharged. Wound closed by a suture, and covered with adhesive plaster.

Feb. 2d.—Feverish last night. Gave spts. eth. nit., gtt. xxx. Abscess painful; re-opened; discharged pus ʒij. Diet, gruel. *R.* Ol. tigllii, gt. j; ol. ricini, ʒss. *M.*

3d.—Experienced relief from medicine; is better.

6th.—Much discharge from abscess, wash.

25th.—Patient does not gain an appetite.

March 4th.—Diarrhœa continues. Four dejections, with pain. Some tenderness on pressure.

6th.—Diarrhœa continues.

7th.—Diarrhœa checked.

22d.—Does not gain much. Discharge from abscess undiminished.

28th.—Discharge undiminished, but functions well performed.

April 2d.—Discharge is less; opening is filling with granulations.

23d.—Can now extend leg better than for two months previous. General health pretty good. Functions well performed.

May 31st.—Walks about.

June 4th.—Discharged, relieved.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 8, 1855.

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### TO OUR READERS.

IN assuming unexpectedly the duties and responsibilities of Editors of the Boston Medical and Surgical Journal, we feel that some statement of our views and intentions will be expected by the supporters of the Journal, as well as by the medical public in general. So far as the brief time at our disposal has enabled us to mature our plans, we would say, in general, that our chief aim will be to raise the character of the Journal to the level which the wants of the profession throughout the country seem to demand. It is not with the expectation of fully supplying the requirements of a high professional standard that we have undertaken the arduous labor of conducting a weekly Journal. No one can feel more sincerely than ourselves our incompetency for such a task, and we should have been unwilling to assume it but for the assurance of the co-operation of many distinguished medical gentlemen of Boston.

The first part of the Journal will consist, as heretofore, of original communications and selected papers. Our intention is to give preference to articles of practical value, such as reports of interesting and instructive cases; observations directly bearing on the study and treatment of disease, on sanitary reform, legal medicine, &c., rejecting mere theoretical discussion and personal controversy. In the second part, some changes will be introduced which, it is hoped, will add variety to the Journal, while they will enhance its value. Under a special head will be published reports of the proceedings of all the principal Medical Societies in Boston, arrangements

for which have been made with their respective Secretaries. Another department will comprise reports of the most interesting cases and operations, in the various Hospitals of this city and its vicinity. Notices of new publications, and occasionally critical analyses of valuable works, will be given. We shall also from time to time call attention to subjects of interest to the community as well as the profession, such as public hygiene, reports of epidemics, descriptions of charitable institutions, &c. Under the head of *Medical Intelligence*, we shall notice the principal topics of medical interest occurring in this country or abroad.

The Senior Editor, Dr. J. V. C. Smith, so long and favorably identified with this Journal, having been compelled by the pressure of his public duties as Mayor of the city of Boston to relinquish the chief share of the editorial department, we feel constrained to solicit the indulgence of our readers for any imperfections they may notice, assuring them that it will be our constant endeavor to render each number better than the last, and worthy of the large and constantly increasing circulation of the Journal.

WM. W. MORLAND,  
FRANCIS MINOT.

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DR. Z. B. ADAMS.

THE following notes of the case of Dr. Adams have been furnished, at our request, by Dr. Bigelow, who attended him as consulting physician in connection with Dr. Morrill.

Dr. Adams was confined to the house about two weeks with the illness of which he died. The case was one of serous effusion upon the brain, complicated with double pneumonia. The cerebral symptoms were pain and distress in the head, which after a few days gave place to a sense of general uneasiness throughout the body, alternating with intervals of entire ease. Slight convulsive movements occasionally appeared, with general hebetude and lethargic tendency, not, however, accompanied by delirium. About the middle of his disease the bladder became paralyzed and retention of urine followed. From a pint to a quart of urine was drawn off twice a-day, this quantity being more than double the amount of liquid swallowed in the same time. The profuse renal excretion continued until death, but was not, when chemically examined, of a saccharine quality. Two days before his decease, the muscles of deglutition became paralyzed, so that he was unable to swallow. The physical signs of pneumonia were discovered on the second or third day, but the rational signs were never urgent.

In the autopsy, an ounce and more of serous fluid was found between the arachnoid and pia mater, with no unusual amount in the ventricles. The right lung was partially hepatized, and the left in a state of congestion. A few ounces of effused fluid were found in the cavity of each pleura.

The cerebral compression must probably account for the facts that he had scarcely any cough or dyspnoea, and that during most of his illness the respiration was slow, generally not exceeding ten times in a minute.

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MEDICAL DEPARTMENT OF HARVARD UNIVERSITY.

THE following extract from the Report of the President of Harvard College, presented at the annual meeting of the Board of Trustees, will be read with interest.

“Important changes have taken place in the medical school. Dr. Wal-



ter Channing has resigned the professorship of Obstetrics and Medical Jurisprudence, after long and faithful service to the College; and David Humphreys Storer, M.D., has been chosen his successor. Dr. Jacob Bigelow has resigned the professorship of Materia Medica, and the lectureship of Clinical Medicine, both of which offices he has held for many years with distinguished ability and success. The last resignation is to take effect at the termination of the present course of lectures. The Corporation have elected Edward Hammond Clarke, M.D., to succeed Dr. Bigelow as Professor of Materia Medica. They have also voted that a professorship of Clinical Medicine be established in place of the present Lectureship, and chosen George Cheyne Shattuck, M.D., to be the first professor. All these proceedings of the Corporation will be laid before the Board of Overseers, that they may concur in the same, if they see fit."

The retirement of two such distinguished gentlemen as Dr. Channing and Dr. Bigelow from the Medical Faculty of Harvard College, calls for a more extended notice than our limits will at present allow. They carry with them the gratitude of a large number of our profession who have profited by their instructions, together with the best wishes of the community for health and prosperity during the remainder of their lives. We take pleasure in stating that their successors are in every way worthy of the important duties they have assumed, and capable of maintaining the distinguished success which has so long attended this school. The establishment of a chair of Clinical Medicine has been long desired, and no one could have been selected more able to fill it with success than Dr. Shattuck. We doubt not all these appointments will be confirmed by the Board of Overseers.

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### **Bibliographical Notices.**

*Puerperal Fever as a Private Pestilence.* By OLIVER WENDELL HOLMES, M.D., Parkman Professor of Anatomy and Physiology in Harvard University. Pp. 60. Ticknor & Fields.

The admirable Essay entitled "The Contagiousness of Puerperal Fever," read before the Boston Society for Medical Improvement, in 1843, and printed in April of that year, in the N. E. Journal of Medicine and Surgery, has just been most opportunely re-published, with an "Introduction" emphatically demanded. Its accomplished author tells us that "the Essay can hardly be said," previously, "to have been fully brought before the Profession." If this be so, it is time that it was re-printed, so that every medical man in the land may hold a copy. When doctrines plainly repugnant to reason, and even to the commonest perception, are promulgated from professorial chairs, we may congratulate both ourselves and the public that there is boldness and truth enough yet left to denounce such terrible teachings.

Notwithstanding its author's assertion above referred to, the Essay has been long enough known and thoroughly enough appreciated, to call forth the sincerest approbation and gratitude, and its re-appearance, at this time, awakens a new and peculiar satisfaction.

The Essay appears without any change, of phraseology even, and we are quite willing, in the words of its writer, to "leave it to take care of itself." If we do not mistake, it will "take care" of a deal of error implanted in the minds of learners, and prove an effectual antidote to a bane so widely spread.



It is especially with reference to the added "Introduction" that we intend to say a few words.

And first, we do not believe that any "practitioner," or any "more mature student," who meets with this pamphlet will think it a "trouble to follow" Dr. Holmes through it; we are sure, rather, that it will not be laid down until every word is read.

While the deductions are so clear and logical and the evidence so strong that the youngest student can understand the whole at the first reading, there is a noble, manly language used, and a beautiful tenderness of feeling manifested toward woman in her sacred relation of *mother*, which will win for these pages more than one perusal. The medical student must be a bold man, indeed, who, remembering these warning sentences, can carry out, in his future practice, the death-bearing tactics they so faithfully expose. The "Waterloo" illustration, quoted from Dr. Watson (*vide Introduction*, p. 14), is peculiarly apposite. Were it not too awful a subject for jest, this slighting of the influence of contagion would be ludicrous in the light of such demonstration.

The first feeling experienced on hearing of the deliberate visiting of parturient or puerperal patients by a practitioner "in whose hands scarcely a female for weeks past has escaped an attack" of puerperal fever, is astonishment at what must be either his ignorance or his recklessness. Which ever it be, horror at the results, so unlimited as they may prove, at once overwhelms us, and disgust at the man puts its seal upon the whole transaction.

Dr. Holmes well shows what is the physician's duty, so long as there is "any reasonable suspicion of his being the medium of transfer" of the disease: he has in fact but one course, viz., to resign his obstetric practice for a sufficient time to insure safety to such patients.

Let the medical student learn his duty first; aye, long before he explores the minutiae of science! The man who forgets his relations to humanity can never be fitly entrusted with its dearest interests! Better that he fail, forever, to attain professional success (if it be estimated by the number of his patients alone), than that he open the grave to even *one*, who is, or is to be, a mother, and who "trusts her life, doubly precious at that eventful period," to his care.

There are sentiments in this Introduction, and in the Essay itself, which do the heart good, and honor the writer more even than does his unwearied research, his close discrimination, or his far-reaching scholarship. In his own strong language of appeal, we would "entreat those who hold the keys of life and death to listen this once" to a voice which carries with it a conviction that neither rhetorical flourishes nor coarse and disrespectful insinuations can stifle.

"Persons," indeed, "are nothing in this matter"—the incompatibility of doctrines, however, so "deadly," is a subject for the solemn reflection of every physician. Who, that is a man, would wish—how can he dare—to allow even the shadow of a risk of deadly agency on his part to cross the threshold with him on an errand professedly of aid and mercy.

It is indeed a work of supererogation in us, even were it quite fitting, to eulogize what Copland and Ramsbotham and Farr, abroad, and a host of other distinguished men at home, have praised in such choice terms; we have merely desired to express our own feelings in regard to a production, the first prompting from which is to make us wish to give the author our earnest and respectful thanks; and the next, that every one who values the

honor of the profession and the happiness of the community may read and ponder what is done so well.

One remark has arrested our attention, which may claim a word of notice. On p. 20th, M. Paul Dubois is mentioned as being "cited by Dr. Meigs as a sceptic." It was our good fortune, during the winter of 1846, to see much of Professor Dubois, at one of the lying-in hospitals in Paris, to which he is attached (L'Hopital des Cliniques); and we well remember, at a morning visit, when a case of puerperal fever was declared in one of the wards, the promptitude with which he ordered the room to be cleared, not only of its patients, but of its furniture; and the unfortunate subject of the disease to be placed by herself, while no more patients were to be admitted to the Hospital until a sufficient time had elapsed to give reasonable assurance that it would be safe for them to be received. It seems to us that this had but little the appearance of scepticism as to the contagious nature of the disease, and that if M. Dubois be doubtful upon the "point at issue," he at least was wise enough to be exceedingly safe in his management.

In conclusion, we are inclined to attribute the "mental disorganization," referred to upon page 23d of Dr. Holmes's "Introduction," to the "negative" rather than to the "affirmative" side of the argument. "*Quem Deus vult perdere, prius dementat!*"

There are no better words with which to terminate our remarks upon this subject, than those of the author himself:—"Indifference will not do here; our journalists and committees have no right to take up their pages with minute anatomy and tediously-detailed cases, while it is a question whether or not the 'black-death' of child-bed is to be scattered broadcast by the agency of the mother's friend and adviser. Let the men who mould opinions look to it; if there is any voluntary blindness, any interested oversight, any culpable negligence, even, in such a matter, and the fact shall reach the public ear; the pestilence-carrier of the lying-in chamber must look to God for pardon, for man will never forgive him."

PAMPHLETS RECEIVED.—Letter addressed to the Mayor and Aldermen of the City of Knoxville, Tenn., by Frank A. Ramsey, A.M., M.D., Permanent Member of the American Medical Association, &c. The object of this pamphlet appears to be to call the attention of the city authorities of Knoxville to the necessity of an improved sanitary condition of that place, as a means of preventing the invasion of cholera.—Jefferson Medical College, of Philadelphia. We have received the annual catalogue of this institution, from which it appears that the number of students attending lectures is 565; a good evidence of its flourishing condition.

MARRIED.—At Utica, N. Y., Dr. A. Pierce, of Strafford, Vt., to Mrs. Caroline Hochstrasser, of the former place.—In New Haven, Conn., 31st. ult., Prof. Worthington Hooker, M.D., to Miss Henrietta W., daughter of the late Gov. Edwards.—At Charlestown, 2d inst., Dr. T. J. Stevens, of C., to Mrs. Sarah A. Waterhouse, of East Boston.—At Worcester, 1st inst., E. H. Rockwood, M.D., of Enfield, Mass., to Adelia O., daughter of Ezekiel Smith, Esq., of Centredale, R. I.

TO CORRESPONDENTS.—The following papers have been received:—On Climacteric Disease. An Account of the two Medical Institutions in Louisville, Ky., by Viator. (We shall be glad to publish this communication, if the author will send us his name.) On Intense Cold as an Anæsthetic. An Address delivered before the South Middlesex Medical Society.

Deaths in Boston for the week ending Saturday noon, Feb 3d, 68. Males. 38—females, 30.

Apoplexy, 1—consumption, 8—convulsions, 5—croup, 2—cancer, 1—diarrhœa, 1—dropsy, 3—dropsy in the head, 4—infantile diseases, 5—dyspepsia, 1—erysipelas, 1—typhus fever, 1—typhoid, 1—hooping cough, 2—disease of the heart, 5—homicide, 1—inflammation of the lungs, 9—marasmus, 3—measles, 1—mortification, 1—old age, 1—rheumatism, 1—smallpox, 3—teething, 5—thrush, 1—unknown, 1.

Under 5 years, 35—between 5 and 20 years, 6—between 20 and 40 years, 10—between 40 and 60 years, 10—above 60 years, 7. Born in the United States, 49—British Provinces, 3—Ireland, 13—England, 1—Germany, 1—unknown, 1.



Dr. John H. Griseom, of New York, estimates that the professional services rendered by physicians in the public institutions of that city, and to the poor in private, during 1853, would amount, "at the lowest market value," to \$835,458. From this he thinks there might be deducted \$27,112 for cash, entertainment, &c., leaving \$808,346 as the amount for gratuitous services that year.

*Boylston Medical Society.*—This Society, the members of which are chiefly composed of students in Boston, have elected the following officers for the ensuing year. *President*, D. D. Slade, M.D.; *Vice President*, Henry K. Oliver, Jr.; *Secretary*, Calvin G. Page; *Librarian*, Charles E. Briggs.

*Transactions of the American Med. Association.*—We reprint the following letter for the benefit of those who are still unsupplied with a copy of Vol. VI. of the Amer. Med. Association's Transactions.

New York, Jan. 24, 1855.

Dear Sir;—The Committee on Publication of the American Medical Association, finding some members have not received the circular heretofore issued, and being desirous to make every effort to supply all who may wish it, with a copy of the Transactions, take this method of notifying those who have not been heard from, that the work is now ready for delivery, and can be obtained by transmitting to the Treasurer three dollars, the annual assessment agreed upon at the last meeting of the Association, held at St. Louis.

Very respectfully,

Address, No. 68 East Seventeenth St.

ISAAC WOOD, Treasurer.

*Fatal Asphyxia from Impaction of a Detached Bronchial Gland in the Larynx.*—At the Royal Medical and Chirurgical Society (May 9th), Mr. George Edwards, of Wolverhampton, detailed the following interesting case, which occurred in a child of 8 years of age, who, while at play, was suddenly seized with symptoms as of a fit. He was quickly carried home, and became violently convulsed, although retaining consciousness and the power of utterance; the countenance became extremely anxious, and he uttered the expression that he should die. In the hurry of the moment there was no opportunity of getting any distinct knowledge of the history, beyond the surmise that the boy had swallowed something. The trachea was immediately opened, a little air issued from the opening, artificial respiration was attempted, but without effect, as the child gave but two gasps after the operation, and died. The post-mortem examination revealed the presence of a foreign body touching the under surface of the epiglottis, and extending through the rima glottidis into the larynx; the substance was whitish, and covered with mucus; on a very slight examination, it was evident that the body was a bronchial gland. Upon slitting open the trachea, the spot from whence the gland had issued was soon observed; it was on the posterior part of the right side, just above the bronchial bifurcation; the opening was ragged and irregular, and communicated with a cavity behind, sufficiently large to contain a nutmeg. No other evidence of disease was observed.—*Dublin Hosp. Gazette.*

*Treatment of Rachitis.*—The following treatment for rachitis is adopted by M. Hauner, in his Children's Hospital. As external remedies he has recourse to baths (aromatic baths, with camomile, the *calamus aromaticus*, baths of bran, of tan, of malt, of sand, ferruginous baths), to frictions over the spine with common juniper, and to lotions of the *spiritus formicarum*.\* Internally he gives cod liver oil, which he regards, with M. Trousseau, as the remedy *par excellence* in this disease. He administers it in doses of from one to four drachms, never more, to children under 2 years old. In addition to this, he prescribes tonics, and especially the extract of cinchona, prepared cold, the *ferrum pomatum*, † and the aqueous and the vinous tinctures of rhubarb. He has always considered the root of the matter as destitute of any action. With M. Trousseau, he prohibits meat and vegetables as articles of diet for rachitic children, nourishing them by means of a milk diet, strengthened by some easily digested farinaceous substances. To children of 3 years and upwards he allows a moderate quantity of good beer, and even a little old generous wine.—*Revue de Therapeutique Medico-Chirurgicale.*

\* The spirit of ants is composed as follows.—Ants, 1 part; Alcohol, 2 parts; distil off one part.

† The *ferrum pomatum*, more commonly known under the names of *Tinctura Martis*, seu *ferri, pomata*, tincture of the malate of iron, is the juice of quince after fermentation with iron filings. Quince juice, 15 parts; Iron filings, 1 part; digest for several days, evaporate to one half, and add alcohol one half part.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## OBSERVATIONS ON TUBERCULOSIS.

[Communicated for the Boston Medical and Surgical Journal.]

SPRINGING from a family several members of which have fallen victims to tuberculous disease, it is not to be wondered at that my own attention should have been strongly directed to this particular subject. Yet my own constitution may be considered one of iron, as has been tested by years of toil, which but few could have sustained. A feeble youth, with transparent skin, pink veins, and attenuated muscles, adipose tissue none to speak of, at 29 I can boast of physical powers which few surpass, and capability of undergoing mental or corporeal exertion almost to an unlimited extent. Fatigue merely generates an appetite, of which a perfect digestion permits the most anti-physiological indulgence at any and all hours. Nevertheless, ever and anon comes up this phantom of phthisis, like the skeleton which the ancient Egyptians were wont to exhibit at their banquets, to throw, with its fleshless arms, a pall over the brief future.

What is this great enemy of our race, that year by year sweeps away thousands and thousands; by whose side other destroying diseases shrink into insignificance, like some petty robber by the side of a Tamerlane? Pathologists tell us where it expends its more material energies. Laennec and some others tell us how to find it out by mysterious raps and the ear sagely applied to the chest. But when found, the rap "knells a death," and the ear hears the fiat of doom. One of my friends says he has cured, by such or such treatment, many cases of phthisis. But my friend's friend fails utterly; and meanwhile, tramp—tramp, the phthisical host go down to the silent halls. I apprehend there is something beyond divers expectorant mixtures, cod-liver oil, and sugar vapor, necessary to be seen into and prescribed, before that melancholy crowd shall lessen to any noteworthy extent.

In looking into the books and journals in reference to this disease, one is struck forcibly by the accuracy of diagnosis, the thousand and one remedies, the wise saws about climate, the invariable prognosis. The phthisis ultimately destroys, provided the patient escapes some fatal intercurrent disease.

Hereditary transmission is undeniable. The progenitors impress a peculiar formation upon the plastic organs. That is the "proximate cause." The same may originate in the individual through the influence of extraneous causes. What we call predisposition, is but an evidence of existing disease. Whether diseased from conception, or acquired, the result is the same. External circumstances may, in either case, hold the effects in abeyance for an indefinite period, but we have yet to learn how to restore the truly normal condition. One says digitalis, another blue-pill, another cimicifuga; others sanguinaria, ol. jecoris aselli, sugar vapor, iron, Cuba, Newfoundland, Naples or Nova Zembla. One lauds mountain tops and a bracing air, and another the low lands and the sides of seething marshes. Meanwhile medical statistics force the multiplication table to establish, contemporaneously, the most startling contradictions. In the chase for a specific cure, effects only are studied; the cause of the deposit is neglected in investigating the injury it has induced, and the temporary relief afforded by some vaunted medicament or measure. Inhalations, just now, happen to be uppermost, since it seems pretty conclusively shown that some will die, notwithstanding the larynx and trachea have been denuded by the inevitable probang and caustic. Whether inspiration, of whatever vapor, is now to prove a regenerating vital breath to the consumptive, may well be considered a question already settled. As well think of eradicating the gout by vaporizing the aching toe, or banishing the smallpox by anointing the pustule with some "all-healing" unguent. The idea is simply preposterous and irrational, whereas we honestly believe *reason* has somewhat to do with medicine—though some think quite otherwise.

Thus it has occurred to us that the cause of the disease itself has been too little considered—attention having been fixed with painful minuteness and accuracy upon the immediate precursor of the symptoms, viz., the changes in the pulmonary organs. This has arisen from the fact that the lungs are important organs, and supposed to contribute one of the tripodal essentials of life. Their delicate structure being easily spoiled, all diseases which affect them are in fact (if not in terms) considered essential or original to them. The toe not being so important—destruction of it, even, being comparatively trivial—we deem the gout too remarkable to depend upon it alone. Yet it seems likely, from the facts now in our possession, that the lungs and the toe may be put, very nearly if not quite, in the same category. The real disease is elsewhere, *and there*. The emaciation, the cough, expectoration, hectic and diarrhœa, are what we might expect from the local deposit irritating, inflaming, suppurating, discharging:—but whence come these curious nodules—by what *error loci* or *error formativus*?

"Out of the fluid comes the solid, the shapen; all the parts of an animal body were once fluid—they have all been formed from the blood; and after death they will revert to the fluid state again." Ordinarily the organic matter of this fluid separates in a state



more or less highly organized, appropriately fashioned and susceptible of life, in conformity with the vitality and character of that which is around it, and gradually acquiring distinct and individual forms, bearing appropriate relationship to the structures amidst which the separation takes place. (*Geber.*) These nodules or tubercles, or death seeds, have come, then, from the blood, itself constituted of the elaborated products of primary and secondary digestion. It occurs, then, instantly, that each and every one of the blood-making organs have had something to do with the disease which our friend proposes to cure with certain magical vapors or powders, or wonder-working (not *wand*, but) probang. The blood of the tuberculous patient evidences this, and it is one of the tritest facts, that, varying with the particular kind of blood, will be the resulting deposit—on the one hand tending to contract and shrivel away, and on the other to enlarge and soften. But what is the cause of this tuberculo-generating blood? Food incapable of passing into the higher forms of organization, or organs incapable of converting appropriate food into normal forms, or causes determining inordinate retrograde metamorphosis. Acting singly or together, these causes with proportionate rapidity fill the blood and organs of more or less importance with the heterologous formation, and hence either bring life to an end, or render it wretched. Hence a poor diet may induce phthisis in the healthy organism, or a generous one may fail to prevent it in the abnormal condition, or external conditions may generate it apparently *de novo*.

Another idea here suggests itself. In histological series like begets its like; the progeny are formed like the parent: thus whatever modifies the condition and action of the parent cell, involves the same change in the successor. Hence the normal state must be restored, or the phthisical cell will breed indefinitely its like. And this not only in the individual, but persisting in the *nisus formativus* bequeathed by parents to children. Something more than a pill, powder, or vapor, is necessary to mend all this.

From the facts now in our possession, it is evident that the “respiratory” or calorific food or portion of the blood, is that which is chiefly in fault. Chemical debasement of nitrogenized tissue, whether fixed or floating, leaves the matter of tubercle, a substance incapable of development to higher forms than the crude irregular cells and granules which distinguish it under the microscope. The absorbed but not assimilated food may furnish the same. What is the nature of this result? Reliable experiments have demonstrated that the organs are capable of manufacturing fat from simple azotized principles of food; so, on the other hand, the secondary digestion of tissues may give the same result, with this great diversity in effect, that a heteromorphous mass is left in the tissues. It is customary, from the chemical phenomena noticed, to speak of hyper-oxidation as the cause of this change. To this it is objected that external circumstances, involving bad air, or that which is pro-



portionately less capable of oxidizing the tissues, are particularly potent in generating tubercle. So also certain articles in their use will evolve the tubercular diathesis, when from their chemical constitution the reverse should be the case. So long as there is a sufficiency of proper material in the blood for the oxidating processes of respiration, without destructive decomposition of the tissues to furnish it, there is no doubt that oxidation carried to almost any extent would merely enhance the activity, but by no means endanger the structure, of organs. It is erroneous, therefore, to speak of hyperoxidation as the cause of the disease—it is but an effect. Pure oxygen inhaled will not support life, because it destroys the material.

It happens from this single idea, that tuberculosis occurs to one and not to another, exposed to the same air. The digestive system of the one furnishes appropriate supplies, the other fails.

The prominent cause of tuberculosis we apprehend to be, then, a want of calorific material in the blood. This deficiency may arise from improper food; as, first, from principles combining too little, both of carbon and hydrogen. This it is which stuffs the mesenteric glands of the infant with crude tubercle—milk poor and scanty. Again, the children of the poor, of necessity, get little nutriment; the children of the rich are dieted by popular physiology upon almost as innutritious matters; or the digestive systems of each become disordered by imperfect diet, and fail to furnish a suitable blood. The glands of the neck and of other regions fill up. The vegetarian endangers the apices of his lungs by his thin food and acquired dyspepsia. The hydropathist redoubles the call for carbonaceous matter by removing the cutaneous fatty secretions, and largely increasing the oxidating respiratory energy of the skin. The inveterate bather, in a single summer's excess, may bring on an incurable tuberculous cachexia. The Indian may disport for hours in the surf, but instinctively supplies the waste by a liberal application of grease, to the disgust of his white visitor, but to the preservation of his own health. The thin skinned, with active superficial circulation, readily fall a prey to tuberculosis, both because oxidation is rapid and general upon the surface, and because they are more liable to digestive derangements carried inwards from the susceptible integument. The anointing with oil of the luxurious ancients was hygienic as well as ornamental. The Esquimaux and Icelanders escape the swelled neck and scrofulous tumors of the Alpine Swiss, though breathing condensed volumes of pure air, because blubber and oil keep up the internal fires, which the mountaineer scarcely maintains upon a meagre bill of fare.

One refinement of culinary art requires another to efface its injurious impression. Condiments and stimulants are required to awaken the drowsy organs, which the pressing wants of the savage frame sharpen without addition to the crude food. As civilization bestows some advantages, it robs us of others. The system of the savage would be destroyed by that which civilized man requires.

Peculiar combinations of the essential elements of the organism become necessary to life. Thus the scrofulous patient is necessitated to overcome his repugnance to the cod-liver oil, *et id omne genus*. Alcohol, in its various forms, may be called upon through its easily-absorbed hydro-carbon to yield heat and respiratory food. Improperly administered, it may induce tuberculosis by its local injury to the stomach, liver, pancreas, kidneys, or other organs; but with proper precautions to avoid local effect, there is no question as to its prophylactic power. Wines, beers and dilute spirits fatten, the others emaciate unless taken under particular conditions so as to avoid local harm. They should never be taken upon an empty stomach, otherwise they are likely to induce what we would wish to prevent. The drunkard, with a good appetite and digestion, is never tuberculous; and if tubercles or cavities existed prior to his habits of excess, they are found after death to have meliorated by conversion of particles, or are puckered into cicatrices.

Morally, we believe in absolute teetotalism, and could wish that physically the constitution and habits of patients would admit the same all-saving virtue of the time. But the proposition is incontrovertible that phthisis has increased upon the spread of total abstinence, in almost exact proportion. We would by no means assert that every person, or even any very large proportion, require alcohol in any form—"they that are whole need not a physician, but they that are sick"—but would insist that those whose hereditary or acquired proclivities are towards tuberculosis, should employ it. But the mode of use is most important. Commingled with the principles of food, no local disease is endangered by it. Less excitement of the nervous centres follows, and delirium tremens is impossible. Delirium tremens and phthisis have more points of connection than this, but we merely hint at the idea *en passant*.

Opium acts differently, but sometimes effectively. Not immediately furnishing any noticeable amount of respiratory food, it nevertheless checks the inordinate changes which tend to degrade tissue to the tuberculous form. If so given as not to impair digestion, it may materially retard the progress of the disease. But it is by no means curative—its influence upon symptoms, whether cough, expectoration or diarrhœa, is merely, like a host of other articles, palliative.

Antimony, mercury, digitalis, *et alia*, may prove, to a certain extent, curative, by promoting the repair of the diseased viscera, but never by direct action upon the affected blood or deposited mass. Iron may do something in the blood itself, but can scarcely be called curative directly. So of certain other remedies. But the cure is behind all, dependent upon the particular case. The true curative is that which restores the normal composition of the blood. Even bloodletting *may* prove an adjuvant to the cure by resolving diseases of the chylopoietic viscera. But if relied upon as a principal means, the patient must succumb.



Probably more absurd things have been said about *climate*, with reference to tuberculosis, than of any other one remedial measure proposed. The true explanation is obvious. Climate may act as a palliative ; as when a dry, bracing atmosphere checks profuse secretion and expectoration, or, on the other hand, when a moist, warm air relieves the "tight" cough, and dryness of the pulmonary membrane. Or, again, it may invigorate the digestion, proving really curative ; or, by lessening the amount of change necessary to animal heat, may economize the material sparsely furnished in the blood. Thus, according to the conditions of particular cases, the one or the other locality becomes preferable. "It is in vain to extenuate the matter ;" there is no royal rule by which to be guided ; the conditions of the case must be regarded—" *naturam expellas furca, tamen usque recurrit*. A. B. comes to our town, situated on the borders of a large marsh, and recovers from phthisis with a cavern under the right clavicle. He writes to C. D., a healthy friend "down east," to emigrate to this health-giving country. The latter comes, and, two years after, dies of phthisis supervening upon the morbid changes induced in his organs by endemic disease. These cases are not rare. Grave discussions have arisen upon the point, whether or no "malarial" influences are prophylactic of phthisis. The case above, an actual one, with many others that might be quoted, settles the question. Conditions favoring endemic disease oppose phthisis, but the changes resulting from that disease not infrequently involve phthisis as a sequel.

Thus, too, inflammation may be said to give rise to a condition of the blood opposed to tuberculosis, and nevertheless be followed by it, in consequence of organic changes. The continuous seton, by far the best counter-irritant in phthisis, not improbably, acts by improving the quality of the blood generally. Indeed, other remote inflammations will temporarily check the deposit of tubercle, even when in themselves exhausting—for instance, *fistula in ano*. Passing a particular grade and becoming "unhealthy," they but hasten the fatal issue.

Inhalations can do much by way of temporary relief. Thus, moist vapor will frequently wonderfully relieve the cough and irritation of the pulmonary mucous membrane. If mingled with carbonaceous matters, they may retard the development of tubercle, as frequently happened in the old Scotch mode of sending patients to live in cow houses, or again to "malarious" districts, or to certain caves with an atmosphere highly charged with carbonic acid ; or again to the sugar-house. But unless coupled with measures to restore the correct action of the digestive organs, it is but little matter that the cough is appeased, the diarrhœa stopped, the adipose tissue filled out and the strength enhanced. The disease is covered up, not cured.

Whether the probang can carry the sponge to or beyond the bifurcation of the trachea, may be considered settled ; but could the medicament carefully wash out the remotest air-cell, it would be



as far removed from claim to any curative agency. While we are searching for palliatives, the patient slips through our outstretched digits.

The great truth is to be recollected, that when the morbid anatomist refers to visceral "complications" in tuberculosis, he speaks of the real seat of the disease; the pulmonary or glandular change is the real "complication." To these changes attention should be directed before death, even though we happen to fail in marking, by the measure of a square line, the incidental deposit or cavity in the lungs.

Some thoughts upon this part of our subject may be thrown out hereafter.

MICHIGAN.

*January, 1855.*

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INTENSE COLD AS AN ANÆSTHETIC.

BY J. MASON WARREN, M.D.

[THE following is the substance of the remarks by Dr. Warren, at a late meeting of the Suffolk District Medical Society, and referred to, in a previous number of this Journal.]

He said, that for the last two years he had been in the habit of making frequent use of the freezing mixture, as recommended by Dr. JAMES ARNOTT, of London, for the purpose of alleviating pain in surgical operations; and in many of those cases to which it was applicable, he had found it very convenient and effectual. For instance, in the removal of tumors of the skin, and those placed immediately under it, in superficial tumors of the breast not of a large size, for opening abscesses, and for the incisions necessary in that intensely painful affection, paronychia, the effects were perfectly satisfactory.

Persons frequently apply at the surgeon's house for small surgical operations, to whom the use of ether is both disagreeable and inconvenient, from the sickness induced, and the distance from their residences; difficulties, which may be avoided by having recourse to the present measure.

Dr. W. illustrated its application by the following case, among the first in which he tried it at the Hospital, and a good instance of the efficacy of the remedy from the extremely sensitive and painful nature of the affection. This case, being peculiar, was reported to the Boston Society for Medical Improvement at the time, and published in their records.

The patient was a young man having a congenital nævus, of a black color, and of large size, situated over the inner part of the knee-joint, below the patella. The tumor had remained of about the size of a dollar until within two years; since that time a supplementary tumor had appeared beneath the original, quite hard, extending into the adjacent cellular membrane, and apparently attaching itself to the synovial capsule. The whole tumor

was sensitive in the highest degree, and at times so painful as to disable the patient from attending to business; even the contact of his clothes producing suffering. It was difficult to make a satisfactory examination, in consequence of his dread of the necessary manipulations. He was kept in a horizontal posture for a few days, dieted, and an evaporating lotion applied, to prepare him for the operation, which was done in the following manner. Excision being objectionable on account of the relations of the tumor to the surrounding organs, equal parts of pounded ice and salt were enclosed in a small gauze bag, and applied to the tumor for four minutes, when the whole of it became congealed and of a white color, crackling under the touch. A narrow-bladed knife was then introduced beneath the skin, and the tumor freely cut up in every direction. The operation was entirely painless; the patient sitting up, and watching its progress with much interest, although previously shrinking on the mere approach of the fingers to the part. The above subcutaneous operation was repeated once or twice, and resulted in the absorption of a large part of the tumor, and entire relief from the morbid sensibility.

In a case of fascial paronychia, in which Dr. W. had recently employed the same method of anæsthesia, the painful incisions necessary to give exit to deep-seated pus were borne without shrinking, and he thought the cure more speedy than under the ordinary treatment. The same fact was remarked by the patient, who was a medical man, and an acute observer.

In one or two cases of operation involving vascular tumors, Dr. W. had found it of much service, during the progress of the dissection, to apply the freezing mixture, and thus temporarily arrest the hemorrhage, so as to allow of a more satisfactory prosecution of the subsequent steps of the operation.

In making the incisions in the congealed part, Dr. W. had observed it necessary to be rather more careful to maintain a firm hold of the knife, and to employ more force than in cutting the integument in its natural condition; otherwise the knife would slip off, and make an incision at some point not intended: this is, however, avoided by a little practice.

There are many cases to which the freezing mixture may be applied, but for more elaborate details reference must be made to the publications of Dr. Arnott, and other gentlemen abroad. In Europe this subject is at present attracting great attention, on account of the continued increase of deaths from chloroform. In conclusion, Dr. Warren remarked that he had mentioned the subject for the purpose of stating his own experience, and of drawing the attention of the Society to this anæsthetic agent. Various means for inducing intense cold have been used, but the most convenient and accessible is the one mentioned above, a mixture of equal parts of pounded ice, or snow, and salt.

*February, 1855.*



## MEDICAL REMINISCENCES.

## INVERSION OF THE UTERUS—SPINA BIFIDA—PLACENTA PRÆVIA.

[Communicated for the Boston Medical and Surgical Journal.]

THE great and obvious utility of modern periodical literature consists, not merely in the facilities it offers for advertising and circulating the supplies which may have been wrought out and garnered up, in every department—from the solution of a knotty question in ethics, to the improvement of a lever in mechanics—but it offers equal advantages for inquiry, to individuals or classes, whose specific wants might otherwise be overlooked. Country physicians comprise a large class, with whose character and qualifications the interests of the community are intimately and inseparably connected. In the present rapidly progressive transformation in the aspect of medicine, regarded either as a science, or an art, the medical periodicals are the only available means by which country physicians can effectually and seasonably secure the knowledge, equally essential to the safety of their employers, and to their own professional credit. There is much time lost before valuable discoveries in medicine and improvements in practice became incorporated in medical text-books; and these, even, find their way tardily into the country physician's library. The best remedy for these obvious disadvantages is to be found in the wide circulation of good medical periodicals in the country.

There are three special topics upon which I have vainly sought, through my own stunted library, for satisfactory information; and indeed was beginning to conclude that it was yet a desideratum. These specialties are, inversion of the uterus—spina bifida—placenta prævia. My own knowledge of the first is comprised in the fact, that, in the early years of my practice I was once electrified, after delivery of the child and secundines, as I was about to apply the usual compress, by the sudden shriek and convulsive movement of my patient; and the presence, between the thighs, of a conical and somewhat compressible pendant tumor. It seemed rather the prompting of instinct, than the result of induction, that I lost not a moment in returning it, probably, by the only appropriate method; pushing the fundus upward, with the naked hand, to its original position; retaining the hand within the uterus till vigorous contraction commenced, and withdrawing it cautiously. Certainly, at the time, I had no adequate notion of the grave character of the accident; and failed to appreciate the favor shown me in the recovery of my patient, without any unpleasant consequences. I had gleaned from books no adequate conceptions of the danger and embarrassment often attending such cases. The only case I have heard of since, in the circle of my own acquaintance, occurred in the hands of a neighboring physician, in which the tumor did not protrude beyond the vulva, was not discovered at once, and proved fatal in a very short time. In this case, probably, the inversion was partial, and perhaps intractable.

Dr. Hunt, in the Buffalo Medical Journal, November, 1853, has given us a valuable monograph, comprising "A Case of Inversio Uteri ; with an analysis of sixty-seven cases, collated from various sources"—for which the profession owes him many thanks. It is the best summary on that topic I have ever found.

Whether the world may be benefited by further inquiries on the subject of spina bifida, is perhaps problematical ; but are scientific physicians yet at liberty to abandon this department of professional research ? I have sought in vain for any adequate knowledge of its pathological history, of its varieties, or of the principles which should guide its treatment. I have recently made a nearer approximation to some definite notions of spina bifida, through an accidental correspondence with a medical gentleman, who, I trust, may yet favor the profession, through some of the journals, with something on the subject.

Placenta prævia is associated, in my own mind, with melancholy recollections ; having had one fatal case in 1824, and another in 1854. But what constitutes placenta prævia ? If every implantation of the placenta, in which its margin shall slightly cover, or closely proximate the os, constitutes placenta prævia, then its fatality has probably been greatly overrated. If, on the other hand, the term placenta prævia be restricted to cases in which the implantation shall be such that the central region of the placenta shall, with more or less accuracy, correspond with the os ; the fatality, I fear, has been as much underrated. I have, most reprehensibly, kept no records of my own professional experience, and consequently can only imperfectly recall my own cases. I think, however, I must have had from thirty to forty in my life, where the margin of the placenta has, in many instances slightly over-lapped, and in others closely approximated, the os ; in all of which the mother, and in most of which the child, has escaped disaster. The last, of this variety, having occurred very recently, may safely be reported.

Mrs. C., on slight exertion, was attacked with flooding ; not profuse, but was greatly annoyed from the sixth month of pregnancy, to her confinement, by its frequent return ; obviously excited by slight exercise. She was looking for her second confinement. I made examination, some time between the completion of the seventh, and beginning of the eighth month, and found an evident presentation of the foetal head ; but there was a *feel*, as though there was interposed, between the finger and the head, a soft cushion ; something more than the uterine wall. I did not find the os, fearing I might aggravate the flooding by too free motion of the finger. I repeated the examination subsequently, when I found the os, which was wholly undilated ; but this time could make out no evidence of unusual interposition between the finger and the foetal head. Treatment—rest, moderate diet, and when the flooding threatened, occasional small doses of laudanum, recumbent posture, and, if needed, enemata and saline aperients. Labor



came on some two weeks in advance of her reckoning, and was quite favorable, no flooding having occurred for some days previous; nor did labor induce a return. When the os became sufficiently dilated to admit the free passage of the finger, the margin of the placenta was found in close proximity. The labor terminated in some twelve hours, the child weighing just three pounds. The parents were of medium size. The child was resuscitated with considerable difficulty, and mother and child are now doing well. Does the previous hemorrhage sufficiently explain the diminutive size of the child?

One other case, of the above variety, occurring some twelve years since, being well imprinted on my memory, may as well be added. Mrs. D., from the end of the second to the seventh month, had been three or four times attacked with severe flooding, and if I remember aright, labor pains. I cannot recall all the circumstances which may have preceded her delivery; but I have no recollection of having attempted any vaginal exploration, and consequently knew nothing, perhaps suspected nothing, in relation to mal-position of the placenta. The simple truth is—that without investigation, I had concluded there had been an abortion. At the end of the seventh month, effective labor commenced, with considerable flooding, and on examination, the placenta was found slightly overlapping the os. The child was expelled, and though weighing but a few ounces—certainly less than a pound—commenced breathing spontaneously to my great surprise, and lived about four hours. The proportions of the child were entirely symmetrical; and the face perfectly beautiful. The child was neither weighed nor measured, with the exception of the hand, which, from the articulation of the carpus with the radius, to the end of the fingers, was an inch and a quarter; and across the palm, including the thickness of the thumb, three quarters of an inch. The placenta was detached and expelled by pains, and the mother got up favorably. If frequent and severe flooding can account for diminution in the size of the child, this case, of course, is a striking illustration of the doctrine.

The first of the two fatal cases, occurring in 1824, was that of Mrs. E. Living next door to my patient, it was thought sufficient to notify me to be within call, as symptoms of labor had made their appearance. I did not see my patient for several hours, but had been told there was slight flowing. In subsequent years I should have deemed myself culpable, even with this slight intimation of possible danger, for some two or three hours delay in making the appropriate investigation. My experience, even then, was insufficient to excuse me for waiting till I was *called*: when I found, to my sorrow, that the hemorrhage had been considerable, and that the placenta was implanted, *centrally*, over the os. Not a moment was lost in calling for counsel, and an older and experienced physician arrived in ten minutes. Delivery was at once decided on; and finding it less embarrassing to pass the hand *through*, than outside

the placenta, the feet of the child were thus secured, and delivery effected in a very short time. My recollections in regard to the subsequent management of the placenta are indistinct; but I think it was detached without difficulty, and removed immediately. The patient, however, was fast sinking, and died in some fifteen or twenty minutes after delivery. The child never breathed.

*Thirty years* were insufficient to obliterate from my mind its horror of placenta prævia *centralis* (if I may coin the adjunct), or my reluctance again to encounter it, when I was so unhappy as to meet it once more in the case of Mrs. H.; an accomplished and interesting lady, some 28 years old, with high health and glowing expectations for the future, surrounded with all that could make life desirable and lovely, and sustaining relations that involved the happiness of a large and cultivated circle. My own relations to my patient were scarcely less interesting. I had been present at her own birth; and she was the much-loved friend and relative of those who were dear to me. I was notified on Sunday evening, it being about the time of her expected second confinement, that symptoms of approaching labor had appeared, and was requested to be in readiness. I saw her on Monday morning, and had been told that though the pains were slight, there were stains of blood on the napkins. I was induced immediately to make vaginal exploration. My emotions will be better conceived than described, when I say, I found the uterine orifice dilated, perhaps to the size of a dime, and the placenta implanted *centrally*, in its relation to the os.

I had plenty of time, if time could avail. The pains were very slight; the hemorrhage slight; the patient comfortable—hopeful—happy. What could I do? This question was urged on myself again and again, with unwonted earnestness—and again and again the answer was, nothing! I had *carte-blanche*, for all attainable counsel, and all attainable helps for the emergency. Counsel of my own choice were associated with me in the management of the case; yet time wore on; and though something had been attempted, nothing was accomplished. Among other expedients, ergot had been given in such doses as the stomach could retain; yet the indisposition to uterine contraction continued; and though the hemorrhage was slight, its persistence, from Monday to Thursday, was alarming. The dilatation yet amounting to little more than on Monday, it was decided to proceed at once to artificial delivery. I should have premised that we were satisfied the *head* did not present; which, we inferred, would rather facilitate than embarrass the operation.

Dilatation was cautiously effected, and the hand passed between the placenta and uterine wall, at a point where partial attachment had already occurred, and both feet secured, and the child delivered without much embarrassment. The placenta, I think, retained its original position during the delivery of the child, and was subsequently detached, not without difficulty. The child was not resuscitated. This was at 6 o'clock, Thursday, P. M. The hemor-



rhage still continued. The tampon, with ice, compression, astringents, topically and generally; wine and brandy; and all other available expedients, were plied with unremitting faithfulness—all to no purpose. My poor patient continued to sink, "till God released her of her pain," at 1 o'clock, P.M., Friday.

I have only *one* practical remark, with which to follow the two last melancholy cases; and it is in relation to the manner of securing *compression* of the uterus. In all cases of urgent and dangerous uterine hemorrhage, *following* delivery, and *so long as it continues*, let neither tampon, bandage, compress, or other contrivance, supersede the *hand*, applied over the uterine region; and if practicable, let it be a *professional* hand—which, so to speak, has quick perception and intelligence, adapting the degree and direction of its pressure to the exigences of the case.

In regard to the subject of placenta prævia, having several standard works on midwifery, some of them of recent date, I was surprised, on looking through the index and table of contents of *one* of them, to find no *mention*, even, of the subject. In others, all I find is meagre and unsatisfactory. It may be that others are more fortunate in their selection of books; but my own acquaintance with country physicians leads me to fear that such books, if they are in being, have not yet found a wide circulation. During the pendency of Mrs. C.'s case, related above, it may be recollected that, from the first, I had been apprehensive of placenta prævia. In my anxiety to leave nothing unattempted for the safety of my patient, I wrote, in anticipation, for professional advice in the matter to a distant city—and got for answer what may be comprised in the following—"Ply the tampon, as long as you can stand it—and then deliver!"—The voice of Job's comforters was celestial harmony compared with the knell of that response. The tampon, forsooth! My respect for the tampon, I fear, is diminishing. As well set a mouse-trap for a rhinoceros, as think to stay a really formidable uterine flood alone by the tampon.

Is not a monograph on placenta prævia, comprising a clear account of all that is known of its history, its *varieties*, and its treatment, a great professional desideratum? Who will do the profession the service to furnish it? Dr. Hunt's monograph on *inversio uteri* is a good model; and should, perhaps, indicate the direction where we may look for it.

LAMOILLE.

February, 1855.

### Hospital Reports.

#### MASSACHUSETTS GENERAL HOSPITAL.

*Gangrene of Lung—Recovery.* (Under DR. HENRY I. BOWDITCH. Reported by HENRY K. OLIVER, JR., House Physician.) Martha K., æt. 25; married; native of Nova Scotia. November 25th, 1854.—Patient reports that she began to cough, and to raise much dark, offensive matter, on

22d inst. Had also a stitch just at right of sternum, shooting through to back. Does not remember exposing herself to wet or cold. Thinks breath was not offensive before 22d. Now notices that the expectoration has an offensive taste. Now in bed—looking healthy. Complains only of pain in right chest as above. Has had chills, followed by fever and sweating, daily since first attack. Anorexia. Thirst. Skin rather hot and dry. Pulse 116. Tongue moist, with slight white coat. Expectoration for last six hours, about three ounces of aerated serum, with dark adhesive sputa of the color of prune-juice, and quite alkaline in odor.

Nov. 26th.—Lying on back; no distinct dyspnoea. Coughed much in night. By report of nurse, expectoration about three and a half ounces, somewhat dark colored, not offensive. Pain severe in right breast.

Percussion sound and respiratory murmur a little less throughout right than left chest. No bronchial respiration—no resonance of voice. Respiration over seat of pain much more obscure than elsewhere. Four leeches to seat of pain. *R.* Syrup. tolutani, ℥ij. ; morph. acet., gr. ij. ; tart. antimon., gr. j. *M.* Sum. ℥j. ter die. Liquid farinaceous diet.

27th.—Pain wholly gone. Scarcely any cough.

28th.—Pain and cough returned. On full breath, no physical sign at base of right lung, but slight sonorous r le on full breath in upper lobe. No bronchial respiration. Expectoration, about five ounces of dark mucus, mixed with white, and decidedly alkaline in odor. Two or three adhesive sputa in another cup of a deep bistre color, and with same kind of odor. Add to *R.* of 26th, in each dose—sod. chlor. liq., gtt. v. Exhibit at least three times daily.

30th.—More s tor on coughing. Expectoration as on 28th. Some obscure crackling under right clavicle, with diminished sound on percussion and diminution of vesicular expansion. Tea and toast and beef-tea.

Dec. 2d.—Has taken syrup of 26th ult, with addition of 28th, on an average six or eight times daily. Vomits all food but beef-tea. Omit antimony in syrup. Beef-tea *pro re nata*. Sherry wine and water.

3d and 4th.—Sputa the same. Increase sod. chlor. liq. to gtt. x.

6th.—One third less sputa. Coughs a good deal. Crackling more manifest—more dulness on percussion. Breath decidedly gangrenous.

7th.—*R.* Tinct. hyoscy. ; tinct. opii ; tinct. conii ; sod. chlor. liq., p. e. *M.* Add ℥j. of mixture to ℥j. of boiling water. Patient to inhale the vapor *pro re nata*. Continue syrup *pro re nata*. Cider.

8th.—Inhalation used from fifteen to twenty minutes, twice, yesterday. Cough less. Expectoration less, but of same character. Chicken broth.

13th.—Last night and this morning some cough after inhalation. Now, as usual.

16th.—Good deal of cough, causing vomiting. More pain in chest. Less dulness on percussion. Crackling only on coughing. Vesicular murmur almost null in right breast. Voice not resonant. Apply hop-tea to right breast.

18th.—Cough much less. Expectoration only half the quantity. Beef-steak.

19th.—Cough less than at any previous time. About half an ounce of expectoration, wholly altered in character, partly stringy mucus and partly frothy, but slightly alkaline. Respiration easy. Dulness remains, but no crackling, even on coughing. At her request, may sit up.

20th.—Sputa as yesterday; except two masses with slight streaks of arterial blood.

22d.—Very slight difference on percussion, and only sonorous squeak, on



full breath, under right clavicle. Would feel quite well but for occasional darting pain in right side.

24th.—One or two sputa only, with no trace of gangrenous odor.

26th.—House diet.

29th.—No cough. Auscultation and percussion perfectly normal; except, perhaps, a little less expansiveness under right clavicle than left, and a difference of pitch. Inhalations and syrup have been continued three or four times in twenty-four hours. Omit inhalations and all medicines.

Jan. 7th.—Auscultation and percussion as on 29th ult. Feels as well as ever, except occasional pain in right breast on sneezing.

15th.—Since last night, some pain about upper part of sternum, preventing free inspiration. Otherwise as well. Difference between sides, as recorded on 29th ult., less marked.

25th.—On coughing and full breath, free expansive respiration under right clavicle. Since 7th, some swelling, hardness and redness, with slight pain in right mamma. Now, mamma well.

26th.—Discharged, well.

Patient was considered well enough to be discharged on the 30th of December. She was allowed to remain until the bed was needed, because of the interesting character of the case.

The points worthy of notice are:—The short space of time between the commencement of the disease and its probable termination, viz., from 22d November to 29th December; and the great diminution in the quantity of expectoration, and alteration in its character, under the use of the chloride of soda.

*Stone in Bladder.*—(Under Dr. HENRY J. BIGELOW. Reported by CHAS. ELLERY STEDMAN, House Surgeon.)—Dexter Sherman, æt. 48; married; mechanic. Was admitted to ward 31, Dec. 30, 1854. Patient is a large, robust man, always well with the exception of several accidents that have happened to him. Three years ago, passed several small calculi; but had no further trouble till two months ago, when the same symptoms occurred. Now, has pain in end of penis, frequent desire to pass urine, with sudden stoppage of stream, great scalding and at times blood. Cannot ride without increase of pain. On examination, the catheter can be easily felt to grate on the stone, and the click is heard.

Jan. 2, 1855. *Operation.*—Patient having been etherized, Dr. Bigelow injected the bladder with tepid water, and with the lithotrite succeeded in crushing quite a large stone, fragments of which adhered to the teeth of the instrument. Its structure was very friable, and on passing a catheter with wide eyes, a quantity of small gritty particles came away with the water.

Jan. 3d.—Slept well. No pain. Has passed several very small fragments during night.

4th.—Chill last night, 3 or 4 of which he has had since symptoms commenced. This morning, some headache; pulse 100; not much appetite; urine free. *R.* Inf. Rhei,  $\mathfrak{z}$ ij.

5th.—Medicine operated freely, with relief.

6th.—The bladder having been injected as before, the lithotrite was passed, and a small fragment crushed, the patient suffering little or no pain.

7th.—No untoward symptom.

11th.—Last night, severe pain in left iliac region with chills. Bowels confined. *R.* Inf. sen. comp.,  $\mathfrak{z}$ ij.

12th.—Much better to-day—though still complains of some pain in blad-

der. Urine offensive and ropy. Slight febrile excitement. R. Decoct. uvæ ursi, ʒj. ter in die.

14th.—Some fever, but better than yesterday.

18th.—Slight pain again. Urine lighter colored. Leeches vj. over pubis.

23d.—Complains of some darting pains in region of bladder. Is advised to keep his bed.

24th.—Seems improving.

29th.—Discharged, well.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 15, 1855.

### OUR DIFFICULTIES, OUR RESOURCES, AND OUR INTENTIONS.

THE art of Journalism feels, like every thing else in our day, the influence of what is termed the "progressive" character of the age. Judging from the number of "exchanges" upon our own list, and remembering that outside of it there is a countless host which should be passed in review in order that no vantage-ground be lost, there is much reason for encouragement, and perhaps no less for anxiety; for while aid must be derived from so vast an accumulation of facts and experience, the best way of performing our duties must ever be a serious question.

Not every hasty movement forwards is "progressive" in the truest sense; they who are borne along too swiftly, leave many things ungathered, or, snatching with hands already full at new treasures constantly proffered, they lose what they previously held and had but half appreciated:—an "*embarras de richesses*" too often witnessed.

It is far more difficult to conduct a weekly Journal, so that it will prove acceptable and useful, than it is to prepare the more imposing quarterly, or even the monthly. We must avoid bulk and abstruseness of matter—at least generally. Articles which contain much that is valuable, in a condensed form, are indisputably those which should predominate. On the other hand, brevity must not render communications obscure, nor lead us to furnish a collection of mere *items* to our readers.

We are well aware that the practitioner in the country, the greater proportion of whose time is taken up by his out-of-door duties, *cannot*, if he would, read long and recondite articles; he needs a digest of medical novelties, and these should be selected with a view to their practical utility and truthfulness, or he will be better without them. The journalist should seek to give whatever will assist, be it only in those minor points which become questions in the daily round of professional duties. It is not, however, judicious to make a medical journal wear, too literally, the garb of the newspaper. While it is not easy to have it unfailingly light and sparkling, we believe it may, at least, be always instructive.

By reason of the rapidity and frequency of foreign communication, we are never without fresh and valuable medical intelligence from those countries, in which, were it only from the density of the population and the extensive hospital arrangements, the accurate and zealous observer so constantly collects such stores of medical and surgical facts. This facility of intercourse tells with redoubled power upon us within our own borders.

There is no lack of facts, theory, propositions or news; out of this abun-



dance the chief difficulty is, *to select*. It is an old and capital maxim, worthy to be affixed to the door of every library, "*Multum legete non multa*." The same may be said of writing as of reading, which admonishes us not to transgress at the present time.

While we shall endeavor to select well and never to weary, it will not be strange if we often fail; the "wish" is not always "father to the thought;"—we crave our share of indulgence.

To correspondents we will always be most grateful for communications of interest, and of practical value especially. Remembering the capacity of our Journal and the requirements of that professional community of which they form a part, they will easily mould the information which they may, from time to time, give us, into a space which we shall be glad to accord to it.

Pressure, as is well known, is often quite marvellous in its power of reducing the bulk of any thing that will bear it; while, at the same time, *it is all there!* The familiar example of the cotton-bale is in point—its packing is a wonderful process. We do not desire that the *life* be squeezed out of articles—but, as a general thing, whatever will not bear reasonable compression is of dubious vitality.

Polemics, we design most heartily to eschew. The space we have is too precious to waste in "setting the battle in order" between disputants upon a point or points which nearly always concern themselves alone. Our pages will, decidedly, be closed to such debates. Kindly differences of opinion, upon really important topics, and which affect wide interests, are always admissible; but these chiefly with the view of speedy settlement of doubts for the most immediate advantage of all concerned.

We shall be found more ready to defend the man who meets undeservedly with the coarse censure of the reviewer, than to join in the hue and cry against him, or to institute a persecution on account of what are most frequently foibles merely, not crimes. An editor does not properly admit to his pages, or write, himself, scathing rebukes or personal abuse of an author against whom a certain local pique directs a venomous pen. Errors should be exposed, but in a proper spirit.

It is hoped that the Hospital Reports, and Records of the Proceedings of Medical Societies in this city, will prove an interesting addition to the pages of the Journal. In these, the practical man will find a concise, and also a sufficient, statement of the various features of accidents, of operative measures, and of appliances; while the latest discoveries in pathological appearances, *post-mortem*, will be laid before those, who, while they earnestly desire such knowledge, can rarely find the time or opportunity to acquire it. To the younger men of the Profession these Reports cannot fail to be of great value. They all emanate from the best sources and highest authority, and may consequently be implicitly relied upon.

The Public, as well as the Profession, demands our attention; and while we shall do our best to promote everything that conduces to public hygiene, sanitary reform, and the many projects of importance which spring from, or attach to, these, we solicit information, in our turn, from those who can often easily render it. Public officers, the managers of large institutions, and many observers at large, may thus afford us most valuable and efficient assistance.

Bibliographical notices and reviews, if faithfully made, become a very important portion of medical information. Although most frequently merely analyses, they serve to indicate what the book or pamphlet treats of; and

thus the practitioner can at least judge whether he will care to purchase and read it. We trust that, not infrequently, far more able pens than our own will describe the merits or expose the failures of such productions as it may be our lot to notice.

In conclusion, we may be permitted to say that no Journal can boast of a more worthy, industrious and efficient publisher. The management of the mechanical arrangements is carried on with exceeding fidelity and accurate attention. A constant personal supervision of this important department is evidently highly advantageous. It will be noticed that the type now used for the original communications is much clearer and more distinct than the former. Further improvements are contemplated, whenever an increase of the already large number of subscribers will authorize the expenditure. We look earnestly for both the means and the result.

As a token of the interest with which our undertaking is regarded, we may mention that we have received upwards of fifty additional names to our subscription list, in this city alone.

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#### HEALTH OF THE CITY.

By reference to the table of mortality it will be seen that the number of deaths in Boston for the week ending last Saturday noon, is 78, being an increase of 10 over the preceding week. The principal diseases are such as we should expect from the almost unexampled cold weather: thus 18 deaths are from consumption, 6 from pneumonia, 5 from croup, also 4 each from pleurisy, smallpox, congestion of the brain and hydrocephalus. Notwithstanding the great amount of relief afforded by charitable societies and individuals to the suffering poor, there are many who must be much exposed to cold, and we apprehend an increase of the mortality, from diseases of the chest especially, in the next report.

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*Early Operation for Hare-lip.*—Alexander Douglass, Esq., M.R.C.S., of Stratford, England, communicates to the *London Lancet*, an account of an operation for hare-lip, which he believes to be "the earliest on record." He attended the mother in her labor, which was her first. Two hours after birth, finding the child tranquil, he operated in the usual manner, it being a case of single hare-lip, without fissure of the palate. Fine sewing needles were used instead of pins, and the points cut off by pliers. Hemorrhage quite trifling. The child drew the breast on the third day, and on the fourth the needles were removed. Success of operation complete; healing being entire, by the first intention. The operator's reasons for choosing this early period were, "that infants bear much injury during birth without fatal results, and their capability of fasting for the first three days after birth, milk being seldom secreted till then."

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#### Bibliographical Notices.

*Catalogue of the Fellows of the Massachusetts Medical Society, alphabetically arranged.* Boston: printed by John Wilson & Son, 1855.

We congratulate the Fellows of the Society upon the appearance of this neatly printed and convenient catalogue, which has been compiled by the Secretaries, Dr. Charles E. Ware and the late Dr. Samuel Parkman. Opposite each name is given the place of residence, the date of entrance, those



of retirement or death; and in the latter case, the age, when known. The Massachusetts Medical Society is, we believe, the oldest institution of the kind in the country, having been incorporated in 1781. Its annual meetings have been held with great regularity, and in most of the districts there are monthly meetings for the promotion of medical improvement. The influence of the Society has been most happy in promoting good feeling among medical men, in improving the condition of medical science in our State, and in inspiring a feeling of respect and sympathy for the profession among the community.

It is to be regretted that no summary has been appended to this volume. We have, however, been furnished with one, prepared by the librarian, Dr. J. B. Alley, which we insert for the convenience of members:—Members deceased, 550; retired, or resigned, 117; removed from the State, 283; present number of members, 938; honorary members, 55; honorary members deceased, 54; names omitted, 3.—Total, 2,000.

*Transactions of the Illinois State Medical Society for the Year 1854.* Chicago: J. F. Ballantyne. Pp. 112.

This pamphlet contains the proceedings at the fourth annual meeting of the Society; the annual address, by Dr. Daniel Brainard, of Chicago; a paper by Dr. E. S. Cooper, of Peoria, on Walking as an Element in the Cure of Deformities of the Lower Extremities; a Prize Essay by Dr. H. Parker, of Chicago, on the Difference between the Effects of Alcoholic Stimulants and those of Tonics, of which the Bitter Barks and Iron may be considered as Specimens; and a list of the members. We have examined the work, and take pleasure in speaking of it as a valuable addition to our medical literature. The proceedings show a commendable zeal for the advancement of medicine on the part of the members. The present number of members is 59. We should be glad to be able to speak in higher praise of the mechanical execution of the "Transactions." It may be that our copy is not a fair specimen, but the printing on some of the pages is hardly legible.

TO CORRESPONDENTS.—We have received the following communications:—Case of Diseased Ovary, accompanying a Foetus at Term. On Spermatorrhoea. Unusual Form of Spina Bifida. Case of Strangulated Hernia. Chloroform as a Local Agent.

We wish it to be understood that communications are never published in the Journal unless the real name of the writer is known to us. Although we do not refuse to append a fictitious signature, when desired by the author, we think it much more consistent with good usage, and with the dignity of the profession, that the names of the writers of papers on scientific subjects should be appended to them, and we hope that our correspondents will adopt this plan. It is due to our readers to state, with reference to the two anonymous articles in the present number, that they are written by gentlemen whose standing and ability we can vouch for.

PAMPHLETS RECEIVED.—Fifth Annual Report of the Association for the Relief of Aged Indigent Females in Boston.—Medicine a Science, or Disease a Unit, by H. Backus, Selma, Ala.—Twelfth Annual Report of the Managers of the New York State Lunatic Asylum.

DIED.—At Malden, Mass., Dr. Daniel Gould, senior physician of that place.—At Lockport, N. H., suddenly, Dr. E. D. Worrester.—At Rochester, N. Y., of phthisis, Dr. R. M. Rogers.—In New York, John W. Francis, jr., 22—a medical student of great promise.

Deaths in Boston for the week ending Saturday noon, Feb. 10th. 73. Males, 37—females, 41.

Accident, 1—apoplexy, 1—bronchitis, 1—inflammation of the brain, 1—congestion of the brain, 4—consumption, 18—convulsions, 2—cholera morbus, 1—croup, 5—dropsy, 1—dropsy in the head, 4—debility, 1—infantile diseases, 5—puerperal, 1—erysipelas, 1—bilious fever, 1—typhus fever, 1—typhoid fever, 1—scarlet fever, 1—jaundice, 1—intemperance, 1—inflammation of the lungs, 6—congestion of the lungs, 1—marasmus, 1—measles, 1—old age, 2—palsy, 2—pleurisy, 4—sore throat, 1—smallpox, 4—teething, 2—tumor, 1.

Under 5 years, 35—between 5 and 20 years, 4—between 20 and 40 years, 19—between 40 and 60 years, 9—above 60 years, 11. Born in the United States, 52—Ireland, 25—England, 1.

*Female Hospital.*—An effort is making in New York for the establishment of a Hospital for the special treatment of the diseases of women, to contain 500 beds. In the mean time, temporary rooms are soon to be opened for the reception of patients, and the services of Dr. J. Marion Sims as Attending Surgeon have been secured.

*Incorporating Hydropathy.*—A bill has been introduced into the New York Assembly, to incorporate P. T. Barnum and others into a Hydropathic Medical College, with powers to confer the degree of Doctor of Medicine. Some remarks on this subject will appear in our next.

*Climate and Diseases of Australia.*—The New York Medical Times for February, contains an interesting communication from Dr. George Fullerton, on the Climate and Diseases of Australia. It appears that most of the diseases of other climates are to be found there, excepting the plague, Asiatic cholera, yellow fever and small pox, which have not yet been imported. Phthisis is common, and more rapidly fatal to natives than to strangers. Influenza is endemic, and more severe than elsewhere. In 1835 the dogs were attacked by it and died by hundreds.

*Private Hospital for Diseases of Women.*—Dr. Clarkson T. Collins has for some time been at the head of a retreat or boarding house for the treatment of chronic diseases of females, at Great Barrington, in this State, which is well patronised. Dr. Collins has founded a Gold Medal, called the "Collins Medal," to be given to the author of the best thesis for the degree of Doctor of Medicine at the Berkshire Medical College.

*Monstrosity.*—A case of fusion of the upper part of the trunks of two fœtuses occurred lately in Lancaster, Ohio. The head, upper extremity, thorax, heart, stomach, lungs and liver are all duplicated. Below this point, the two systems become blended. There are two perfect lower extremities, the external ones, while the two inner limbs, dislocated at the hip joints, exist in a rudimentary state, beneath the skin. The child, though delicate, is likely to survive.

*Emigration to Canada in 1854.*—From the report of Dr. Douglass, Medical Superintendent of the Government Emigration Depot at Grosse Isle, thirty miles below Quebec, it appears that 277 vessels arrived there in 1854. They left Europe with 52,991 passengers. Of these, 512 died on the voyage, and 112 children were born. Of the deaths, 347 were infants, and of the remainder a large majority were aged persons. 10,164 of the whole number embarked at Liverpool; the mortality of these was 225, or upwards of 2 per cent. The mortality in all the other vessels was seven tenths of one hundred. The passengers who came direct from the German ports were remarkably healthy. In 133 vessels there was not a single death, nor a case of sickness on arrival. There was no case of ship fever (typhus) in any vessel arriving in the St. Lawrence during the year, and with the exception of three ships from Limerick, no case of cholera in any vessel that brought emigrants to Canada.

*Medical Coroners.*—We are glad to notice the appointment of Dr. Jasper H. York, of South Boston, as coroner for the County of Suffolk,—a situation which his talents and experience eminently qualify him to fill. We have now twelve Coroners in this County, three of whom are medical men; viz., Drs. Stedman, Cornell and York. If there were two or three more physicians holding that office, it would be all the better.

*State Insane Hospital at Taunton, Mass.*—This Institution now contains 365 inmates. It is under the care of Dr. Choate, formerly of the South Boston Institution.

*The American Medical Society of Paris*—have rooms at No. 6, Rue des Quatre Vents, where physicians from the United States will find advantage in uniting with the members. The rooms are open day and evening, and are well furnished with the principal medical journals and books, and are frequented by the most eminent French Physicians. Editors and Publishers desiring to participate in this national reciprocity, can send books and journals to the care of Mr. Edward Bosuage, 138 Pearl St., N. York, by whose generosity they will be forwarded.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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• UNUSUAL FORM OF SPINA BIFIDA.

*To the Editors of the Boston Medical and Surgical Journal.*

GENTLEMEN,—A few weeks ago, your correspondent, Dr. J. L. Chandler, of St. Albans, Vt., sent to Dr. James Jackson an account of a case of the above malformation, intending it for publication, and wishing to have an expression of his opinion in regard to it. The subject of the case is a young lady, 23 years of age; and being, at the time, on a visit to her friends in Chelsea, it was proposed to Dr. J. to see her. This, however, he was unable to do, and at his request, and that of Dr. C., I called upon her. I found the case, as Dr. C. has stated in his letter, to be one of great interest, not merely in regard to the age of the subject, but from the situation and character of the tumor. Dr. C.'s history was quite full; but there were some facts that were not noticed by him, and I have therefore taken the liberty to incorporate them as they were stated to me at the time of my visit.

The age of the individual, as above stated, is 23 years. She is of short stature, but quite healthy in appearance, and intelligent. Dr. C., who is the attending physician of the family, was not present at her birth, but saw her in consultation soon afterwards. The tumor was then near the sacrum, but rather towards one side than over the centre of the spine; it had an elevation of about one and a half inches, and was about the same in diameter at the base; being, perhaps, half the size of a goose egg. The integument, on its most prominent part, was very pale and thin; seeming ready to yield to pressure. Towards the close of the first year, the tumor was punctured, in the course of a few weeks, nine times; a very small puncture was made near the base, and a little serous fluid, with a slight pink tinge, was evacuated; after which, moderate and permanent compression was applied. Excepting the tumor, the patient was perfectly well formed at birth; but when she became old enough to walk, the feet began to turn, and there has always been such a weakness of the lower extremities as has obliged her to use crutches; with these, however, she moves about actively, and has often taken long walks. The left lower extremity, upon which she has never borne any weight, is considerably smaller than

the right ; and she does not remember that she could ever move the left foot, though she can flex and extend the leg upon the thigh sufficiently well. The toes of the right foot, also, she cannot move ; though she can flex and extend the foot itself. The sensibility of the left foot is impaired, so that at one time she bruised it pretty severely, and without her knowledge ; both feet have also been pricked with pins, and without her feeling it ; above the ankles, however, the sensibility is perfect. Meanwhile the feet have become very much deformed ; the left being turned when she stands erect, so that she rests upon the tarsus just in front of the ankle joint, the toes being directed backward and the sole of the foot looking almost directly upward. The right foot, which is much less deformed than the left, is however turned very strongly inward, and the sole more or less upward. Both feet are also affected with disease, and, as Dr. C. supposes, of the bones ; there being a copious and offensive discharge, with pain, and formerly with a discharge of bone from the right. The disease of the left foot dates from infancy ; that of the right from about the age of 16 years. There have also been sores upon the left hip since she was 8 years of age ; these sometimes healing. For the last six years, œdema of the right leg, with some of the left. Until the last seven years there was incontinence of the urine and discharges from the bowels ; but not since.

The tumor grew with her growth, but for several years past has been about as large as it is now. Upon inspection, it forms a large mass of solid flesh, centering over the sacrum, ill defined, and not regularly rounded, but measuring about eight inches in diameter and three in elevation. It is everywhere covered by skin that has a perfectly healthy appearance, and there is nothing now to show that it was ever otherwise ; there never having been any spontaneous discharge from it. Pain is sometimes felt in the tumor, and at the same time in the head, though not along the spine. Headache is also induced if she lies upon the tumor, or in any way presses upon it ; but otherwise the head has not been affected.

As above stated, the patient's general health is good ; the stomach is well, but for the last six years the bowels have been constive, and occasionally very much so. The catamenia first occurred at the age of 15 years ; but the periods were infrequent and the flow scanty until last February, since which time they have been nearly regular.

By the kind permission of the patient, a very successful cast in plaster has lately been taken of the tumor, by an Italian artist, for the museum of the Massachusetts Medical College.

The above case has been regarded as one of spina bifida ; and I have no doubt that it should be so, though the appearances of the tumor are so unusual. This malformation is most frequently found in the lumbar or dorsal region, and the skin and integuments are deficient just so far as the malformation of the parts beneath extends. Such is certainly the general rule ; when the above case,



however, was reported to the Society for Medical Improvement, Dr. Morland referred to one in which the integuments were continued over the tumor, though this last was situated between the scapulæ. Occasionally the sacral region is the seat of the malformation, and then the tumor is covered over by well-developed skin and integument. This point in the history of spina bifida does not seem to have attracted the general attention of the profession, though several such cases have been observed here. About twelve years ago there were two that occurred, and were observed simultaneously in this city; they even lived in the same street, were both young children, and had the fleshy tumor over the sacrum, with more or less paralysis of the lower extremities and of the sphincters. One of these children died at the age of 14 months, of diarrhœa; and on dissection there was found a deficiency of the sacrum, a dilatation of the spinal membranes within the tumor, and a continuation of the spinal marrow in substance downward to the small cavity thus formed; the parts are preserved in the cabinet of the Society for Medical Improvement. The other child, a patient of Dr. C. E. Ware, is still living, and is now 14 years of age. I have seen her lately, and she is a fine, healthy-looking girl, able to run about, going to distant parts of the city, and never having required the use of crutches; the feet, however, are deformed, and there is incontinence of the discharges, but without paralysis of the lower extremities. A cast of the tumor, in this last case, was taken when the child was 4 years old (No. 800 in the printed catalogue of the cabinet of the Society for Medical Improvement; the specimens from the other case being numbered 801 in the same). There is no reason why this last child may not grow up to be a healthy woman, and the first might have done equally well if it had not been for the occurrence of accidental disease.

In other cases in which the malformation is situated over the sacrum, there is found in this region a large encysted tumor, instead of a fleshy mass; the cyst being formed by a dilatation of the spinal membranes, and distended more or less by serous fluid. But this cyst is invested by perfectly-formed skin; there being between the two a thin layer of cellular tissue. A specimen of this variety of spina bifida is in the Medical Society's cabinet (No. 802); and another was observed not long ago in a case of extroversion of the bladder, and reported to the Society (*American Journal of Medical Sciences* for January, 1853).

In a second letter to Dr. James Jackson, Dr. Chandler communicated the history of another case of spina bifida, which is very interesting for the age of the subject. The exact position of the tumor, however, and the degree of development of the skin and integument, are not so stated as to show just how far the case corresponds to the variety of the malformation above described. Dr. C. says:—

“Circumstances have recalled to my recollection another case which I had forgotten. A young lady, 18 years of age, residing

about twenty miles from this place, is also the subject of spina bifida. I am informed by intelligent persons, who are familiar with her history, that at her birth such a tumor existed, 'located low on the back, a little on one side of the spine; of the size of a butternut, and of an oval form, looking like a little bladder, blown up,' and that there was full development, in size and form, of the limbs, except that one foot was slightly turned up at its inner edge; the toes also turned inward. At the end of about three weeks, with the advice of several physicians, puncture was resorted to once, and some watery fluid discharged. Great depression followed, and for some time it was thought the child would not rally. The child grew and prospered, until ten years of age, walking pretty well, and without crutches, the lower extremities maintaining their relative proportions with the body, the curved foot also doing good service. The tumor, however, had increased, relatively, in size, much faster than the body. At that time, from over exertion in walking a considerable distance to school, the defective foot, and limb, on the same side to which the tumor inclined, gradually lost power and ceased to grow; became atrophied, and rather lost than gained, absolutely, in size, and the limb is now at least a third shorter, and proportionally smaller, than the other. The tumor is now 'of the size of a large quart bowl, but in shape like a musk-melon, divided longitudinally, the length parallel with the spine,' the integuments seeming to be very thin, semi-transparent, and of a purple hue. Light blows, received by accident on the tumor, produce pain, faintness, and sometimes a prolonged semi-comatose condition. She has never been the subject of ulceration on any portion of the body; but has had an affection 'like salt-rheum' on the ham of the best limb, and I think on some other portion of the body, but which yielded to the application of some sort of cerate. She is active, intelligent and cheerful."

In connection with the above cases, there may be reported one that was observed several years ago at the Hospital in this city, and for the history of which I am indebted to Dr. J. Mason Warren. The patient was a robust, healthy-looking girl, 17 years of age, and entered the Hospital April 3d, 1849. The tumor was situated over the last lumbar vertebra and sacrum, and was divided by a deep furrow into two lobes. The original tumor, which, by the report of her parents, was at first about the size of a bean, and had gradually increased, was found situated directly over the spine, and about as large as a medium-sized apple. It was soft and fluctuating; and protected by a thick, tough skin. The second tumor, which extended from the right side, was about half as large as the first, and was solid. The patient had never suffered any pain nor inconvenience in the tumor, except when forcibly struck, and then there was felt "a numb sensation as if the limbs were asleep."

At the age of nine months, when she was first allowed to stand erect, the left foot began to turn in, and it had been so from that



time. Ulceration soon followed, the bones became affected, and on her admission into the Hospital the disease was quite extensive. When she was about 8 years of age she was confined to the bed for four months, and during that time the right foot became deformed like the left, so that afterwards she was obliged to walk, altogether, with the aid of crutches, upon the side of the foot. Over the outer malleolus and side of this right foot was a large fluctuating tumor, covered by thick integument; about a month before her entrance it had opened, and discharged about four ounces of offensive pus, after which it closed. The left leg was about two inches shorter than the right; the thighs being of equal length.

The height of the patient was five feet. General health, for the last ten years, had been perfectly good. Catamenia appeared at the usual period, and had always been regular. Appetite good, and bowels well.

On the 7th of April, the left leg was amputated. A very small portion of the incision united by the first intention; but the wound was completely cicatrized by the 1st of May. On the 4th of May the tendons about the right foot were divided; splints were afterwards used, and on the 4th of July she left the Hospital; having been able, for the last three weeks, to walk with crutches—the whole weight of her body resting fairly upon the sole of the foot, though there was still some tendency to turn inward.

“Most of the victims of spina bifida,” as Dr. Chandler remarks, “seem to have perished in childhood”; but the cases above reported show under what circumstances life may be sometimes continued; and I would once more call the attention of the profession to the appearances of the tumor when situated over the sacrum, as contrasted with what is so very generally, though not universally, observed when the lumbar or dorsal region is the seat of the malformation.

Yours respectfully, &c.

*Boston, Feb. 6th, 1855.*

J. B. S. JACKSON.

## CONGENITAL DISEASE OF THE BONES.

[Communicated for the Boston Medical and Surgical Journal.]

I VISITED a family a few days since in this town, in which all the children, three boys, are singularly affected with disease of the bones. The condition of the spine termed rickets, is strongly marked in all three. With this is also present a brittleness of the bones which causes them to fracture with great ease. The eldest, aged 14, was stated by the parents to have fractured his limbs about twenty-five times. The parents, who are poor, have become so used to it, that they now usually adjust the broken limbs themselves. They showed me a fracture of the lower third of the humerus in the oldest which had occurred a few weeks previous. There was a distinct callus perceptible. I had noticed the same on another of the boys, some months since. There had been fracture of the

femur several years since. There was so much muscular contraction, or spasm, that it was not kept in place, and has united at an obtuse, or nearly a right angle. The muscles are subject to violent spasmodic action, which is often so severe as to fracture the bones. The action of the muscles of the calf has bent the tibia and fibula in both limbs of the oldest at right angles, so that when the limbs are extended the feet are parallel with the upper part of the leg. The lower limbs are of course wholly useless, and the muscles much atrophied; still their spasmodic contractions are very severe. The children are bright and intelligent. The parents are both healthy. The mother is rather below the medium height, of a fair complexion and full habit. She manifests no symptom of this diseased condition. She has had two sisters, however, in the same condition, and her father was also diseased in the same way.

The peculiar diathesis seems to have been thus hereditary, and is most fully developed in this generation. It will, however, probably cease here in the extinction of its subjects.

*Orford, N. H., Feb. 12, 1855.*

J. H. NUTTING, M.D.

#### CHLOROFORM AS A LOCAL AGENT.

[Communicated for the Boston Medical and Surgical Journal.]

ALTHOUGH we have occasional reports of apparently favorable results from the use of chloroform as a local agent, it seems not to have acquired, to any great extent, the confidence of the profession. Whether these apparent results are mere accidental circumstances, coincident with the use of the remedy, or whether a certain class of cases, cognizable to practical discrimination and diagnostic skill, are amenable to its use, remains for future experience to determine. The following case, from my note-book, is at your service:—

Miss A. E. Robinson, æt. 22, of nervo-sanguine temperament, full habit, and good constitution; employed in the family of K. Fleming, Esq., of Sumner Hill, Cayuga Co.; on reaching her hand across the table, brought it in contact with a steel carving-fork in the hands of another member of the family. The point of the fork entered the middle of the palm, penetrating, it was thought, about three fourths of an inch, and requiring considerable force to extract it. Some inflammation supervened, with tumefaction and deep pulsating pain, which subsided in few days, under the use of emollient cataplasms; leaving the fingers strongly flexed upon the hand. The accident occurred not far from the 20th of April, 1853. On the 23d of May following, I saw the patient. Her general appearance, appetite, digestion, pulse, &c., were good, and with the exception of a somewhat haggard expression from pain and loss of sleep, there was nothing bespeaking impaired general health. No mark of the wound, or external evidences of inflammation, were discoverable about the hand; yet the fingers were flexed upon the palm so closely and so firmly as to render it almost impossible to



introduce my finger beneath them. Whole surface of hand and forearm excessively tender to the slightest touch, with occasional acute pain along the track of the nerves, and spasmodic twitching of the muscles of the arm and shoulder. So distressing were these latter symptoms, that powerful anodynes were required to secure rest. By the advice of several experienced physicians, she had very properly pursued an antiphlogistic course, and latterly tonic treatment, with rubefacient and antispasmodic applications to the hand. The patient informed me that her medical advisers had all coincided in the opinion that an operation should be performed, dividing the fascia and flexor tendons of the hand, to which she would not consent, and in which I could not acquiesce, under an impression that the contraction might be purely spasmodic. A blister of appropriate dimensions had just been applied, and as she was pursuing treatment prescribed by a very judicious practitioner, I advised its continuance long enough at least to test its efficacy.

On the 23d of July, 14 weeks from the date of the injury, the patient again called on me, with no perceptible improvement. Contraction of tendons and morbid sensibility of surface not diminished, and at this time some atrophy of the muscles of the arm and shoulder. I had now resolved to try the effects of the "letheon," and accordingly allowed her to inhale sufficient to produce partial anæsthesia. At the same time, applying freely to the hand and forearm, a liniment of chloroform, ol. olive and spts. camphor, I commenced moderate friction along the flexors. The fingers gradually became extended, and in twenty minutes were as free and flexible as those of the other hand, to the no small surprise of patient and friends. I then left her, with orders to call again on the 2d day following, which she did, with the fingers again partially flexed. A repetition of the remedy was followed by an immediate relief, and I sent her away with directions to pursue a course of laxative and tonic treatment, and present herself again should the local difficulty return. From this time she improved without interruption, and in a few weeks recovered completely the use of the hand.

If I have been prolix in my report, it is because the case was to me an interesting one, not so much in a therapeutic as a pathological point of view. That the contraction should have been so strong and persistent, for such a length of time, and yet no organic change exist in the tissues, is a phenomenon not easily accounted for. Had the contemplated operation, which might have seemed justifiable, been performed, it must have proved a failure. The promptness of the relief, though confirmatory of my previous diagnosis, somewhat surprised me, and I confess myself not a little humiliated in contemplation of the limited extent of our knowledge of the nature and functions of the nervous system. It may be remarked that the patient confidently believed that her hand would be restored. How far this impression may have aided me, I leave for the profession to judge. Be this as it may, it de-

tracts nothing from the interest of the case to a student of science.

H. O. JEWETT.

*Cortlandville, N. Y., February, 1855.*

#### SPERMATORRHŒA.

[Communicated for the Boston Medical and Surgical Journal.]

THAT form of seminal loss occurring with the emission of urine is most difficult to detect. Careful observation will, however, ordinarily lead to a correct diagnosis. If the urine be collected in a transparent vessel, it exhibits a turbid appearance, and small globular opalescent deposits may be seen at the bottom. After filtering the liquid, these globules remain behind. They are not soluble in water. Alcohol and nitric acid produce albuminous coagulation. These results are likewise apparent when the prostatic fluid escapes, and mingles with the urine uncombined with semen. In true spermatorrhœa, the microscope reveals the constituent elements of semen; the presence of spermatozoa is conclusive. An aid to a correct discrimination is the presence of oxalate of lime in the renal excretion. If the seminal loss has long continued, the microscope exhibits the spermatozoa diminished in number and size, swimming slowly about, or quite motionless. Ultimately they quite disappear, and we see, instead, oval shining bodies, supposed to be remnants of the disintegrated animalcula. This semen is, of course, destitute of all fecundating influence. The occult diagnosis of an urino-seminal flow is aided by the appearance of viscid matter adhering to the orifice of the urethra, being deposited there at the close of micturition. This form of seminal loss more frequently than at other times occurs when the bladder is relieved after unusual distension; as, for instance, after rising in the morning.

If the disorder is accompanied by spinal irritation, the urine deposits a bright brown sediment; the liquid affords an acid reaction, and after standing, produces a pellicle which forms again after being removed. If the semen has become destitute of living spermatozoa, thin, without color, and inodorous, the patient does not suspect his ailment. These cases are almost exclusively consequent upon excessive coitus or functional perversion. It may be induced by retaining the semen as long as possible to prolong the excitement in coitu, by which the elasticity of the vesicles and ducts is impaired.

Diseases of the cerebellum and spinal marrow are productive of spermatorrhœa. The accumulation of smegma behind the corona glandis, in consequence of a long prepuce, or neglect of cleanliness, may lead to involuntary emissions by causing an irritation which is propagated to the vesicles. If the use of tea and coffee do not cause the affection, they at least aggravate it when it exists. In like manner whatever promotes an increased flow of blood to the pelvic organs and perineum will originate or magnify this difficulty. A seden-



tary life, constipation, portal congestion, various idiosyncrasies and hereditary disposition, are among the influences which cause seminal loss. Gonorrhœa, stricture, lecherous indulgences, and similar causes, are among the well-known reasons.

Hippocrates remarks, that "this disease frequently occurs among the newly married, and in consequence of sexual excess; there is no fever, the appetite remains good, but the strength vanishes, and the patient grows thin. They complain of fornication along the spine, semen is lost with the urine, at stool, during sleep, while riding on horseback, or walking. The patient becomes impotent and debilitated; the head feels heavy, and there is constant buzzing in the ears. If fever supervenes, the patient dies."

Moral depression very much hinders recovery when the disorder is consequent upon vicious habits, even though they be abandoned. The weight of the malady is not entirely dependent upon the exhausting flux, even though the statement that an ounce of semen is equal to forty ounces of blood, be correct. Recovery is much hastened by a conviction of its probability, and an assurance that by proper appliances the malady and its consequences are capable of removal.

E. S.

*February 8th, 1855.*

#### CASE OF STRANGULATED HERNIA—OPERATION—FOLLOWED BY SCURVY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—If, in your opinion, the following case is of sufficient interest to the profession, to entitle it to a place in the Journal, you are at liberty to publish it.

Respectfully yours, J. WASHINGTON SMITH, M.D.

*East Franklin, Del. Co., N. Y., Feb. 6, 1855.*

May 12th, 1853.—I was called at 7 o'clock, P.M., to visit Mr. F. Scott, aged 30, a house-carpenter, and of good constitution. I found, upon examination, it was a case of strangulated inguinal hernia, of some hours' duration. Rupture had existed for several years, caused, as supposed, by a horse, upon which he was riding at a cavalry parade, jumping from a high bridge. At that time it was strangulated, but readily reduced, and he has since worn a truss, until within a few days, when it had become so rusty as to be worthless. The symptoms were urgent, as indicated by nausea, pain, tenderness and swelling; and the usual means—position, taxis, cold, the hot bath, venesection, and enemata—were promptly and perseveringly applied, but without relief. Anodynes could not be retained until after an enema of 3 j. tinct. opii, when several doses of morphia were given and retained. This caused him to sleep a little, and after some hours the swelling and tenderness appeared to have diminished. Upon my request for counsel in the

case, Dr. Ferris Jacobs, of Delhi, a surgeon of age and experience, was called, and arrived at 4 o'clock, A.M. He coincided with the plan of treatment, and recommended a further trial of opiates, injections and the taxis. The free use of enemata appeared to increase the pain and swelling, and they were discontinued.

At 4 o'clock, P.M., no permanent relief having been obtained, and most of the symptoms becoming of a much graver character, it was decided, as a *dernier ressort*, to operate for the division of the stricture. I say *dernier*, for in the opinion of most surgeons the time had passed for an operation with much probability of success.

With my assistance, and that of his son, a promising youth, Dr. J. proceeded to the operation. Owing to the large amount of strangulation, it was necessary to make a rather free incision, and to open the sac before its contents could be returned. Not far from two feet of intestine and a considerable portion of omentum occupied the scrotum and inguinal canal; the intestine being of an ash color, with the exception of some few inches, which were black and to every appearance entirely gangrenous. The amount of hemorrhage was not large. Stimulants and opiates were freely given before and during the operation, but anæsthesia was not attempted. I remained with the patient most of the time during two days and nights; and to the great surprise and gratification of all, he steadily improved. There was considerable inflammation, but the integuments united by the first intention, and perhaps the canal would have partially closed, could he have been induced to remain sufficiently quiet for a length of time. Forty-eight hours after the operation, the bowels were moved by enemata. On the sixth day he was removed one mile upon a litter. Compression was applied over the incision as firmly as could be borne, but a large and painful abscess formed in the scrotum, which I opened the ninth day after the operation. Whether unavoidable, or the result of negligence, the effect was no doubt salutary, as affording a free and harmless exit to irritating discharges, which might otherwise have proved a dangerous source of inflammation in the weakened state of the system following such an operation.

Contrary to advice, the patient soon began to sit up, and by the twelfth day to walk about the house and yard. It was not quite three weeks when he rode some two miles, to his home. Soon after, an attack of acute peritonitis set in, and came near proving fatal; caused, as I think, by his imprudence. The acute symptoms subsided into chronic, with distressing paroxysms at frequent intervals, from the amount of flatus, and especially after certain kinds of food. It is due to Dr. Jas. M. Wheat, a recent graduate, and who was then in the neighborhood, to state that he saw and prescribed for the case several times in my absence, and to the speedy relief of the urgent symptoms.

Finally from choice, or, as appeared to him, from necessity, he confined himself almost exclusively to a diet of bread and butter. In this way he continued for many months, at times feeling quite



comfortable, though subject to great distress from flatus, and to occasional severe paroxysms of pain from any slight exposure, or change of diet.

In March, 1854, he was so much improved as to undertake a journey of ten miles upon horse-back, and was drenched in a heavy rain. This prostrated him for several days, and greatly aggravated the flatulence and irritation of the bowels. As this state of things was partially relieved, he, from choice, but against my advice, confined himself, if possible, more exclusively than before, to the same articles of food. When I saw him again, some weeks after, his gums and mouth began to be very sore, and the solemn assurance that he had not taken a particle of mercury in any form, was hardly credited. In short, the complexion, languor, pain of limbs, the irregular purplish spots upon the extremities, varying in size from one to three lines in diameter, the swelling of lower limbs, soreness and swelling of the gums, and the hard and painful tumefactions, or, as he expressed it, "lumps," in the muscles of the leg and thigh, rendered it too marked a case of *scurvy* to be mistaken.

To the imperative direction, at this time, to change *at once* his exclusive diet to a more mixed one, and especially to make free use of fruits and vegetables, he at length reluctantly consented. The change was cautiously effected, and from that time the improvement has been gradual. At this time his health is good, and he bids fair to regain his former strength of body.

*Remarks.*—The history of this case illustrates :—

1. The risk of too great delay before resorting to an operation.
2. That recovery may, and occasionally does, take place, contrary to all reasonable expectations, even where the operation has been greatly delayed.
3. The danger of unnecessary exposure, and especially of assuming the erect posture too soon.
4. That debility from any cause, the depressing passions (he was poor and had a family), and the almost entire absence of fruits and vegetables for a considerable period of time, may give rise to an aggravated form of *scurvy*, and that upon the proper regulation of the diet will the restoration chiefly depend.

#### EXPULSION OF OVUM AT THIRD MONTH.

*To the Editors of the Boston Medical and Surgical Journal.*

SIRS,—As I conceive it to be the duty of the physician to report interesting cases that may occur in his practice, I send you the following :—

On the 30th ult. I was called to attend Mrs. S. H. Kinney, and found her with the usual symptoms of labor. Upon vaginal examination, I found the os uteri considerably dilated, and a breech presentation of the fœtus. In a short time, and *before* the rupture of the membranes, there was expelled an ovum in a good state of pre-

servation, which had apparently reached the third month. Soon the membranes were ruptured, and the child delivered as usual in breech presentations. Symptoms of animation appeared, and the child is now alive and doing well. The diseased ovum was considerably pressed out of shape.

The mother does not recollect any unusual occurrence to account for the result. But she complained of a pain and soreness in the right side, in front, and above the right ilium, which still continues.

J. K. LEANING, M.D.

*Fly Creek, Otsego Co., N.Y., Feb. 1855.*

## **Hospital Reports.**

### MASSACHUSETTS GENERAL HOSPITAL.

*Congenital Nævus—Operation.* (Under the care of Dr. CABOT. Reported by Mr. HOOKER, House-surgeon.) Feb. 9. J. C., a fine-looking little girl, æt. 7, has a congenital nævus, occupying the right portion of the upper lip, and extending completely through its substance. On the outside, it is merely covered by skin, but it projects considerably on the inside.

Feb. 10th.—Patient was taken to the operating theatre, and having been thoroughly etherized, Dr. Cabot passed two double sutures through the nævus, on the inner side of the lip, tying the ends tightly together. A ligature was then applied around the base of the tumor; after which, its summit was sliced off with a scalpel.

The child was comfortable the next day, having had but little pain.

*Cerebral Apoplexy—Autopsy—Lesions of a previous Attack.* (Reported by Mr. S. F. HAVEN, Jr., House-physician.) M. E., wife, æt. 22, was found about 1, P.M., Jan. 23d, leaning against the Hospital fence, in a faint condition, and being brought in, was placed in Dr. Jacob Bigelow's ward. Immediately after, vomiting occurred, and the patient then fell into a comatose state, with frequent and slight muscular spasms, which continued till death took place, at 7, P.M. Some circumstances leading to a suspicion of poison, the stomach pump was employed, together with leeches and cold applications to the head, &c. It was afterwards ascertained that, about seven years before, the patient had had a similar attack.

Autopsy, by Dr. CALVIN ELLIS. A large collection of coagulated blood was found covering the left cerebral hemisphere, beneath the dura mater, from the vertex to the base. In the posterior lobe at the base of brain was an irregular longitudinal laceration, about one inch long, with bloody and ragged edges. An opening in the posterior cornu communicated with this laceration. Just outside the posterior cornu, an old cavity, about six lines in diameter, was observed, the walls of which were of a dark-brown color, about half a line in thickness, and in contact; but on separating them, a delicate bloodvessel was seen extending from one side to the other. The recent rupture had evidently taken place in the immediate neighborhood of this cavity. As no blood was found in the ventricle, except in the posterior cornu, it is probable that the rupture there did not take place until after profuse hæmorrhage at the laceration at the base.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, FEBRUARY 22, 1855.
 

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## "HYDROPATHIC MEDICAL COLLEGE."

If it may with truth be said that there never was a time when the medical profession was more entitled to the respect and confidence of mankind than the present, we are almost tempted to reply, never did it receive less honor from the public. A bill has been recently introduced into the New York Assembly, to incorporate a "Hydropathic Medical College, for the purpose of promoting Medical Science." The trustees are to be allowed to hold real estate not exceeding in value \$250,000, and are to have the power of conferring the degree of Doctor of Medicine upon the recommendation of the Board of Professors. "The College shall be subject to the visitation of the Regents of the University. The Trustees may also appoint delegates to the State Medical Society."

Our confidence in the wisdom of the New York Legislature will hardly allow us to suppose that a bill of this description, so detrimental to sound science, so degrading to the medical profession, so injurious to the welfare of the community, could ever become a law. The very attempt, however, shows that the profession stands lower in the estimate of the community than it should. Let the members of the Assembly cast their eyes around them, and observe the thousand forms of empiricism, each exulting in its turn as it rises to public favor, and each disappearing to give place to another more absurd than the last. How much has the true progress of medical science been benefited by the prevalence of any one of these "methods" of cure? To whom does the world owe vaccination, the use of anæsthetic agents, the prevention of scurvy, the daily discoveries in chemistry, pathology, physiology, therapeutics? Whom are we to thank for the great advancement in sanitary reform, whereby the health, longevity and happiness of millions are promoted? Is it the hydropath, the homœopath, the eclectic, the Thomsonian, the mesmerist?

It is a significant fact, that the name of P. T. Barnum is the first mentioned in the act of incorporation. This should be enough to convince the Legislature of New York, that, however successful as a pecuniary speculation a hydropathic college may be, its real advantage to the public is, to say the least, exceedingly doubtful.

We do not wish to be understood as condemning the use of water as a therapeutic agent. It is only against its exclusive employment that we protest. We are ready to admit that water, in the form of baths, douches or *packing*, when aided by cheerful society, country air, exercise, regimen, and a discipline which cannot always be enforced in private practice, is of immense benefit in many cases, especially where the patient has been accustomed to take large quantities of medicine. But water is only one of the many agents to be employed in the treatment of disease, and the attempt to erect a school of medicine founded upon its exclusive employment as a curative means, and, above all, to allow such a school to grant degrees of Doctor of Medicine, is an insult to a noble profession, and an injury to mankind. Should this bill pass, we see no reason why the believers in mesmerism may not claim to be allowed to confer medical degrees upon those who profess to diagnosticate and treat diseases by means of a *clairvoyant*.

## BOSTON DISPENSARY.

WE are informed that there are two vacancies in the Board of Visiting Physicians of the Dispensary of this city. We call the attention of the younger members of the profession to this fact, in order that some of them may avail themselves of these valuable opportunities of acquiring medical experience. It seems strange that such situations should go begging; but we are informed that there is considerable difficulty, in certain districts, in finding physicians who are willing to accept them. We believe that this arises, in a considerable degree, from a misapprehension on the part of medical men in regard to the advantages, as well as the inconveniences, of the office of dispensary physician. Some have complained that the number of their paying patients diminished in consequence of their connection with the Dispensary. Others have been disappointed because the cases were generally of an uninteresting or uninteresting character, or because their best efforts were often frustrated by the neglect or the ignorance of their patients.

In our opinion, one of the chief advantages to be derived from dispensary practice, is not so much an opportunity of becoming acquainted with particular diseases, as a general experience in the management of the sick. There are a thousand things which a physician must know, which he can only learn by personal experience, and the dispensary is a school where he can acquire that familiarity with the details of practice without which he fails to inspire his patients with confidence. As for the influence of dispensary practice on the number of one's paying patients, it cannot be much either way. A physician's success depends more on his talents and industry, than on his connection with a charitable institution. The salary (\$100 per annum), inadequate as it is to the amount of time spent and responsibility incurred, is by no means to be despised.

## INTRODUCTION OF A STICK INTO THE STOMACH.

THE last number of the Philadelphia Medical Examiner contains an account of the following extraordinary case, translated from *El Porvenir Medico*, of Madrid, Spain. A man laboring under a syphilitic affection of the mouth and fauces, was in the habit of making a local application to the parts by means of a swab, the handle of which was more than ten inches in length. On one occasion, the instrument slipped into the œsophagus, and disappeared. This at first caused paroxysms of suffocation, which soon ceased, giving place to soreness in the throat, and in the region of the nipple of the left side. Eight days subsequently, the patient had deep-seated, sharp pain, below the last false rib, on the left side, with gastric irritation and febrile excitement. These symptoms abated on the following day, and on examination, the stick was felt in the stomach. The patient refused to submit to the operation of gastrotomy, which was proposed. On the 26th day after the accident, an abscess pointed far below the nipple on the left side, which was opened, and discharged a large quantity of pus. Four days afterwards, the end of the stick appeared at the opening of the abscess, and the instrument was extracted by the physician, Dr. Povil, with much difficulty. It was followed by a flow of pus, considerable blood and gastric juice, together with some partially-digested alimentary substance, which had been eaten that morning. The wound was completely healed in twenty-six days from the removal of the stick, and forty-nine from its entrance by the mouth. The patient enjoyed good health until his death, which happened seventeen years afterwards, from an acute attack of pleuro-pneumonia.



## MEDICAL COMMENCEMENT AT THE MASS. MEDICAL COLLEGE.

WE learn that owing to some changes which have taken place in the time of conferring degrees in this institution, it has been decided to have but one medical examination in the year. instead of two as heretofore. The examination will take place at the close of the medical lectures, and the degrees will be conferred the ensuing week. This ceremony has hitherto taken place at Cambridge, at the commencement at Harvard College; but we learn that the government of the University has recently accorded to the Medical College a separate medical commencement, in the building of the College in Boston, and at which the President, Corporation and Overseers of Harvard University, of which the Medical College is a department, will officiate. Among the exercises of this interesting occasion will be selections from some of the medical dissertations of the graduating students, to be read by their authors; the conferring of degrees by President Walker, and a Valedictory Address, to be pronounced this year by Professor Storer. We also understand that the exercises will take place at the College Building, in N. Grove Street, on Wednesday, March 7th, at 11 o'clock, at which time the medical profession, and those of the public who are interested in medical science, will be invited to attend.

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### Bibliographical Notices.

*Autobiography of Charles Caldwell, M.D.—With a Preface, Notes and Appendix.*—By HARRIOT K. WARNER. Lippincott, Grambo & Co., Philadelphia. 1855. (Sold by Ticknor & Co., Boston. Price, \$2 50.)

This is an octavo of some 450 pages, and both its external and internal appearance are exceedingly creditable to the publishing house which has issued it. The paper and type are far before most of the specimens which reach us from the same meridian. How far this is due to the private interest of personal friends of the subject of the biography, we know not; at all events, it is a very pleasant feature in the undertaking, and we heartily wish it may be oftener observed.

The subject of this autobiography was certainly a most remarkable man. Without much predilection for biographies in general, and perhaps even less for autobiography, we confess to being decidedly pleased with the book, so far as we have perused it. Its nature admits of looking into detached portions of it, and in many of these our attention has been fairly riveted by the interest of the narrative and the importance of the relations sustained by the writer.

An analysis of the book we do not intend to give, even were it quite possible to do this with *any* biography. The Editress has evidently attended to her duties with a fidelity which marks near attachment. We think she did well to listen to the advice of friends in somewhat abridging the bulk of the volume, and we are not sure but certain other portions might well have been omitted. The disagreements of distinguished men, in public or in private, are, to say the least, of no advantage to the readers of a biography; and although Dr. Caldwell's object in detailing the particulars of his differences with the late Dr. Rush may have been excellent, we fail to see the propriety of so extensively declaiming upon the matter. Men care very little about such disputes when once they are over. Almost the only thing we have yet read in the book which leaves a painful impression, is the above narration of squabbles.

One other thing strikes us a little unpleasantly : shall we call it a degree of self-laudation ? We dislike to do so, but it is apparent at times. Even an autobiographer, in his confessedly difficult task, may, we think, avoid this fault.

To call attention to the more genial aspects of the book. We find in it testimony corroborative of the assertion of the Editress in her well-written "Appendix," that Dr. Caldwell was "distinguished for the high-bred courtesy and polished elegance which marked the *gentleman* of the last century. He might indeed be considered one of the finest specimens of the *ancien régime*."—(P. 452.) To judge from the portrait which literally *embellishes* the handsome volume, we should at once pronounce him to be not only a gentleman, but a man of extraordinary ability. Energy is written in every line of the striking and manly countenance ; the eye is penetrating and intelligent—and the mouth, firmness itself. If the massive forehead and prominent nose indicate something of the sterner cast, combined with the greatly predominating intellectuality, we can easily see that kindness and heart could never have lacked manifestation. The head is a noble one, and is beautifully executed. The beard, in its venerable length, reminds us not a little of Bryant.

Our limits hardly admit of even the extended general notice we have given ; we can but refer to the fact that Dr. Caldwell was a clear, useful and voluminous writer on medical and on many other topics. A catalogue of his published writings is given on pp. 429 to 437, and the whole number of papers, et cetera, large and small, translated and original, professional and non-professional, we find to be 215.

In conclusion, it is but just to say, that Dr. Caldwell gives (pp. 23—33) several excellent reasons for undertaking the task of writing an account of his own life, and we feel confidence in recommending a perusal of the entire volume, filled as it is with piquant anecdotes, now rarely to be obtained, relating to men who have mostly passed away ; with much excellent precept and information, given by a man who through an unusually long life "exerted no small influence in various walks of science and literature, and which always was directed or sought to be directed to the best and highest interests of humanity." The Editress will doubtless have the hearty thanks of the Profession for the very faithful performance of a task in which she was "entirely unassisted."

In the Boston Medical and Surgical Journal (Vol. XLIX. No. 1) is a notice, copied from the Louisville (Ky.) Courier, which presents, in a condensed space, the principal events of Dr. Caldwell's life, and to this we refer those of our readers who may not have seen the Autobiography itself.

Dr. Caldwell "was about 90 years of age" when he died, "and probably the oldest physician in the United States."

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*Medicine a Science, or Disease a Unit.* By H. Backus. Selma, Ala. 1855. Pp. 46.

This pamphlet, the substance of which appeared in the Transactions of the Alabama State Medical Association for 1852 and 1854, has for its object to prove that all pathological phenomena acknowledge a common cause, which constitutes medicine a science, and that it is possible to accomplish for medicine what Newton accomplished for physical science. The author maintains that "all pathological phenomena are produced by *pressure*"; whence we infer that pressure, according to him, is to medicine what gravitation is to astronomy. His conclusion is as follows. "We repeat, that in



all cases of disease, local or general, the great point to be observed is that remedial appliances must be *adaptive*—adapted to extent, degree and duration of congestion, of pressure.”

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*Transactions of the New Hampshire Medical Society.* Concord, 1854.

This venerable society celebrated its sixty-fourth anniversary at Concord, June 6th and 7th, 1854. A neatly-printed pamphlet contains the proceedings at the meeting—also the address of the President, Prof. Albert Smith, on Conservatism in Medicine; an oration, by Andrew McFarland, M.D., Physician and Superintendent of the Illinois State Hospital for the Insane, on the Poetry of the Medical Profession; a dissertation on the Necessity of a Knowledge of the Chemical Changes in the Body, in Disease, by Wm. H. H. Mason, M.D.; an Opinion upon Prosecutions for Mal-practice, by Prof. Joel Parker, LL.D.; and other papers. The pamphlet is one of value, and should be preserved for reference.

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*Annual Reports of the Commissioners and Superintendent of the Indiana Hospital for the Insane.* Indianapolis, November, 1854.

This institution is under the care of James S. Athon, M.D. The number of patients treated during the past year was 332; of whom 114 were discharged well, and 23 improved. Of 739 cases admitted since the hospital was founded, 29 were caused by the spiritual rapping mania. The use of steam, as a means of warming the house, has been introduced, and is in successful operation.

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*Report of the Managers of the New York State Lunatic Asylum.* Albany. Senate Document No. 14. 1855.

This hospital, under the superintendence of John P. Gray, M.D., is also warmed in part, by steam, which circulates through coils of iron pipe, over which air is forced by a blower driven by a steam engine. The number of patients treated during the last year, was 836; 164 were discharged well, and 42 improved.

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*Reports of the Trustees and Superintendent of the Butler Hospital for the Insane.* Providence, R. I. 1855.

Dr. Ray's Report will be read with great interest and profit by all who are interested in the subject of insanity. The number of patients treated during the year was 216; of whom 40 were discharged well, and 20 improved. The Report is beautifully printed.

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## Medical Intelligence.

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*Operations at the Massachusetts General Hospital on Saturday, Feb. 17th.*

—The following list of operations at the Hospital, last Saturday, is reported by Calvin G. Page, late House-surgeon:—

Amputation of left arm just above carpus, for necrosis of carpus and metacarpus of four years' standing. Patient a farmer, married, aged 47. Circular operation by H. J. Bigelow.

Fatty tumor of nates, as large as a pullet's egg, removed by means of scissors. Patient, female. H. J. Bigelow.

Necrosis of tibia, 18 months' standing, caused by a sprained ankle. The

tibia was trephined at lower part of shaft, and several small sequestra removed. Patient is 14 years of age, of strumous diathesis. Operation by H. J. Bigelow.

Nævus on back, excised by H. J. Bigelow.

There were two amputations of the leg during the week, for accident, by Dr. Cabot.

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*Charleston Medical Journal and Review.*—This ably-conducted bi-monthly has undergone a change of editors. Drs. Cain and Porcher retire from the editorship and proprietorship, to transfer them to Dr. C. Happoldt, "who is favorably known to its readers not only by his contributions while in this country, and his correspondence from Europe, but also by his having materially assisted in its conduct during a period of eighteen months."

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*Statistics of Suicide.*—Of 2674 inquests held by Mr. Wakley in the western division of Middlesex from April 15th, 1852, to August, 4th, 1854—a period of somewhat more than two years and a quarter—216, or rather more than one twelfth of the whole number, took place in cases of suicide. (This number of 216 comprises only those cases in which suicide was clearly proved, and not instances in which persons were found in water, &c., but where a doubt existed whether self-destruction had been committed.) Of these 216 suicides, 153, or more than two thirds, were males, and 63 were females. Twenty-three or about one ninth of the entire amount, occurred in the parish of Islington; 20, or somewhat more than one eleventh, in Clerkenwell; 35, or nearly one sixth, in St. Pancras; 38, or upwards of one sixth, in St. Marylebone. In St. Giles's parish, there were 6 suicides; in Chelsea, 7; in Kensington and Paddington, 14 each; in the western parishes of the county, 35; and in the parishes of the northern portion which are included in the western division, 12 suicides of the total number. The modes in which death was produced ranged numerically as follows:—Hanging and strangulation, 81 cases, or nearly two fifths of the whole; cut-throats, 44, or about one fifth of the entire number; poisoning, 39; drowning, 31; shooting, 10; killed by throwing themselves from windows or parapets, 9; by swallowing a fork, 1; by voluntary burning, 1; and 1 individual died from the effects of cutting away an umbilical hernia. In 2 instances suicide was effected by the joint operation of cut-throat and drowning, and in 1 by means of a wound in the throat and poison.—*London Lancet.*

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*The Crystal Palace in Paris* has a department allotted to medical and surgical discoveries. It is expected England will furnish various articles of importance—surgical instruments of various kinds, anæsthetic appurtenances from Dublin, Edinburgh, &c. It is stated that M. Leroy d'Etiolles, the celebrated improver of lithotritic instruments, is expected daily in London, whether in connection with this undertaking or not, we cannot determine.—*London Lancet.*

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*M. Labé's Case of Single Kidney.*—In an old man who died at the Bicêtre, M. Labé found the left kidney absent. There was neither a renal artery nor vein on the left side, and the bladder showed no trace of a left artery ever having existed. The right kidney, considerably hypertrophied, occupied its normal position; while its ureter was single, and showed no bifurcation.—*Comptes Rendus de la Société de Biologie, and Gaz. des Hop.*



*Rupture of the Bladder.*—In the month of September last, a young woman died at Portsmouth, whose death was supposed to have been caused by violence. A feeling of indignation was excited by some reports which the daily papers circulated against the officers of a certain ship. On a strict and very protracted examination it was shown, from the medical as well as other evidence, that the girl had died from peritonitis, caused by rupture of the bladder; and that this injury had proceeded from falls, concurring with an over-distended bladder, the deceased having been at the time intoxicated.—*British and Foreign Medico-Chirurgical Review.*

*Poisoning with Arsenic.*—Dr. Blondlot, of Nancy, has related the particulars of a series of four murders, in which arsenic, administered by one individual, was detected in bodies that had been buried sixteen and twenty years. In the latter instance, the coffin had become entirely disintegrated, and the bones of the skeleton lay detached from each other, the ligamentous parts having disappeared. The brain, however, was found entire, but shrunk to the size of a fist. The weight of this brain was about eleven ounces. When very carefully analyzed it was found to contain arsenic. The presence of arsenic in the earth of the cemetery was excluded by careful analysis.—*Journal de Chimie Médicale.*

*Poisoning with Ranunculus Acris.*—Some children amusing themselves in a meadow by making coronets of buttercups (*boutons d'or*), one of them was tempted to eat several of the flowers. A few minutes afterwards this child was seized with severe colic, and all the symptoms of poisoning, which, however, were removed by medical care.—*Ibid.*

#### NOTICES.

The following communications are received:—Some Hints on the Treatment of the Distemper of Dogs, by Philokuon.—A Case of Alarming Symptoms following the use of *Spigelia Marilandica*.—Case of Union of Bone after division by a Circular Saw.

The following books and pamphlets have been received:—The Non-malignant Diseases of the Uterus, a prize essay by G. H. Lyman, M.D.—What to observe in Medical Cases; published under the authority of the London Medical Society of Observation.—Principles and Practice of Obstetric Medicine and Surgery, by Francis H. Ramsbotham, M.D. The above will be noticed in our next number.

With the second No. to be issued in March, we intend to commence the publication of "Extracts from the Records of the Boston Society for Medical Improvement," and to continue them at least in every alternate number. Should there be, at times, a longer interval, it will be ascribable either to lack of sufficient communicable matter or to unavoidable delay in preparing what may be received.

We are desired by Dr. Charles E. Ware to state that he was not one of the compilers of the Catalogue of the Massachusetts Medical Society, as announced in our last number. The chief share of that laborious undertaking was performed by Dr. A. A. Gould, Treasurer of the Society.

Several complaints have been made by subscribers in the city that their copies of the first number of the present volume did not reach them. We hope that the addition of so many names to his list will serve as an excuse for some mistakes on the part of the carrier. In several instances the Journal was left at the door, but afterwards disappeared. We hope our subscribers will have no cause for complaint on this score in future.

*Deaths in Boston* for the week ending Saturday noon, Feb 17th, 77. Males, 38—females, 29.

Accident, 2—disease of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 2—consumption, 13—cancer, 1—convulsions, 5—croup, 3—dropsy, 3—dropsy in the head, 2—debility, 1—infantile diseases, 7—typhus fever, 1—scarlet fever, 1—hooping cough, 1—intemperance, 3—inflammation of the kidneys, 1—inflammation of the lungs, 3—disease of the liver, 1—marasmus, 2—old age, 2—premature birth, 1—smallpox, 6—scrofula, 1—teething, 4—thrush, 1—unknown, 1—varioid, 2.

Under 5 years, 40—between 5 and 20 years, 3—between 20 and 40 years, 14—between 40 and 60 years, 12—above 60 years, 3. Born in the United States, 58—British Provinces, 2—Ireland, 11—England, 1—Germany, 3—France, 1—Portugal, 1.

*The Strafford District (N. H.) Medical Society.*—This society held its forty-seventh Anniversary at Dover, on Wednesday, the 17th ult. The following officers were elected. P. A. Stackpole, *President*; A. G. Fenner, W. B. Reynolds, C. Palmer, *Councillors*; L. G. Hill, *Secretary*; A. Bickford, *Treasurer*; L. G. Hill, *Librarian*; N. Martin, *Auditor*. An interesting oration was delivered by Dr. Reynolds, and Dr. Pray read a valuable paper. The Society dined at the American House.

*Honor to Medical Men.*—At the anniversary meeting of the Royal Society (in London), on the 30th November, last, Lord Rosse, previous to his resignation of the presidency, announced the adjudication of the medals in the gift of the Society. The two Royal medals (the highest of scientific honors) were adjudged to Drs. Hooker and Hoffman—to the one for his botanical investigations and discoveries, to the other for his researches in organic chemistry. The Rumford Medal was given to Dr. Arnott, for his smokeless grate, and for his improvements in heating and ventilating buildings; and the Copley Medal to Professor Johann Müller, of Berlin, for his researches in physiology and comparative anatomy.

*Medical Society of the State of New York.*—This society held its annual meeting at Albany, on the 6th, 7th and 8th Feb. The following officers were elected. *President*, Frank H. Hamilton, of Buffalo; *Vice President*, Thomas Hun, of Albany; *Secretary*, Howard Townsend, do.; *Treasurer*, Peter Van O'Linda, do. Among the papers read at the meeting, were the following:—by Dr. Snyder, a biographical sketch of Dr. Daniel Ayres;—by Dr. Coventry, a biographical sketch of the late Professor James Webster;—by Dr. Augustus Willard, on the epidemical diseases of Chenango and Broome;—by Dr. J. S. McCall, on the needs, duties and privileges of the medical profession;—by Dr. Phelps, on the condition of the medical profession;—by Dr. Horace Greene, on the employment of injections into the Bronchial Tubes, and into Tubercular Cavities of the Lungs. Dr. Hamilton made some remarks on Dislocations of the Bones, and Dr. Corliss spoke on the subject of Fractures of the Femur.

*Medical Institution of Yale College.*—At the annual examination, held at New Haven, Jan. 10th, ten gentlemen were examined and recommended for the degree of Doctor in Medicine.

*Award of Gold Medals to American Surgeons.*—A Gold Medal of the largest size, and a Medal of Honor of the First Class, have been presented by the French Government to Dr. T. Williamson and Dr. James Harrison, of the Naval Hospital at Norfolk, for their attention to the crew of the French Steamer *Chimere*, which put into that port, suffering with yellow fever.

*Patent Medicine Bill.*—A Bill, providing that the composition of all patent medicines shall be printed on the labels of the bottles, is now before the New York Assembly. The effect would be fatal to the success of many nostrums which bring in fortunes to the proprietors, and there will therefore be great opposition to its passage. The House granted the use of the Assembly Chamber to the Homœopathic Medical Society, for the delivery of its Annual Address. There are six "physicians" in the New York Legislature, and we may infer from the proceedings of that body that they are "of all colors."

*N. Y. Society for the Relief of Widows and Orphans of Medical Men.*—This beneficial association recently held its annual dinner at the Astor House. From the statement of Dr. Wood, the President, we learn that, "instituted in 1842, its capital is now \$17,000, securely invested in bonds and mortgages, at seven per cent. on improved property in New York and Brooklyn; the ground in every instance being worth the amount loaned. Receipts from all sources during the year (including interest), \$1,797 15; expenses, \$318 25. One family is supported by the society." The receipts on the occasion of the dinner were large, amounting to \$1,250. The dinner expenses (\$630) were paid by private subscription.—*Buffalo Med. Journal*.

*Fistula Lachrymalis.*—Three cases of this disease, treated by trephining the unguis, have been recently under observation in the practice of Demarquay in Paris. The idea is novel and has proved successful.—*Lancet*, Feb. 1855.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## CLIMACTERIC DISEASE.

BY STEPHEN W. WILLIAMS, M.D., LAONA, WINNEBAGO CO., ILL.

[Communicated for the Boston Medical and Surgical Journal.]

It is the duty of physicians at all times to endeavor to correct errors in their profession, as well as to communicate facts in relation to the cure of disease ; and on this account I am induced to make a few remarks on a form of medical superstition which still obtains many adherents. There can be but little doubt that the idea still prevails, to a certain extent, with the people, and even with the enlightened portions of the community, as well as with many physicians, that at every seventh year, which is called the climacteric year, the body undergoes an entire renovation, and that great and important changes take place at that time. These are called critical periods, or climacterics, and they are said to occur at the ages of 7, 14, 21, 28, 35, 42, 49, 56, 63, &c. The age of 63 is called the grand climacteric, or critical period of great danger, at which the greatest change in human life is supposed to occur. The multiplication of 9 by 9, which makes 81, is supposed to be another grand climacteric.

Dr. Darwin says—" Ignorance and credulity have ever been companions, and have misled and enslaved mankind. Philosophy has in all ages endeavored to oppose their progress and to loosen the shackles they have imposed. Philosophers have on this account been called unbelievers ; unbelievers of what ? Of the fictions of fancy, of witchcraft, hobgoblins, apparitions, vampyres, fairies—of the influence of stars on human actions, miracles wrought by the bones of saints, the flights of ominous birds, the predictions from the bowels of dying animals, expounders of dreams, fortune tellers, conjurors, modern prophets, necromancy, cheiromancy, animal magnetism, with an endless variety of folly." To which I may add, the royal touch, the touch of a dead man's hand, spiritual intercommunications, eclecticism or Thomsonism revived, homœopathy, hydropathy, phrenology, as exclusive systems of medical practice, and a whole round of empiricism needless to enumerate, to which the indolent and crafty resort to get rid of the toil and labor of pro-

curing regular professional knowledge. These may all be placed on a par with the belief in climacterics. "These," continues Dr. Darwin, "philosophical physicians have disbelieved and despised, but have ever bowed their heads to hoary Truth and Nature."

As it is the subject of individual climacteric years, in which many intelligent men of the present day express their belief, it shall be my object to expose the fallacy of such a belief. This opinion has been prevalent in connection with the subject of vaccination. In the early days of inoculation many people expressed their fears that its efficacy would not extend beyond seven years, or further than any climacteric year, and that the human body did not then consist of the same particles of matter as before. True it is that great changes take place in the system at the age of puberty, which occurs at different periods in this climate; and also at the change of life in women, which also occurs at various periods, from 45 to 55. That the cowpox acts with diminished power, as the subject advances in life, is now acknowledged by all who have thoroughly examined the subject, and the same is also true in relation to the smallpox, hooping cough and numerous other contagious diseases; but it has nothing to do with the climacteric disease in question. It however suggests the great importance of frequent re-vaccination.

The subject of age, however, demands some attention in the history of the human economy. By the laws of the land, certain periods are prescribed, before which a child shall not be deemed guilty of certain crimes. For instance, a male child is supposed not capable of committing a rape before the age of 14. There are, however, cases on record of children arriving at puberty at a very early age. Some cases are recorded of boys attaining it at the age of 4 and even younger. But these cases are rare. Others, again, arrive at that period in from 8 to 10 years. A case occurred at Paris, where a woman attributed her pregnancy to a boy 10 years old. It may be a subject of consideration whether the powers of the individual should not be taken into account, rather than the age.

The subject of age seems particularly to have attracted the attention of the ancients, who divided the life of man into several climacterics or periods. They supposed, as I have stated above, that the human body underwent a radical change once in seven years; that is, by the constant absorption going on in the body, every part was completely taken up in seven years, and carried off by the absorbents, and a new deposition of animal matter succeeded to supply the loss or want which it then sustained. Tullius, King of Rome, divided age into infancy (which was under 7 years); childhood, from 7 to 14; youth, from 14 to 21; manhood, from 21 to 46; old age, from 46 to 70; and from that time till death he called decrepitude. Many of the moderns have adopted this division, though most of them vary. After the age of 60, in England and in some parts of the United States, men are not obliged to serve on juries. The age of 63 is the first grand climacteric, and is supposed to be a critical



age. It has been ably described by Sir Henry Hallford, with its incidental climacteric disease, some account of which may be found in Good's Study of Medicine, and in Copland's Medical Dictionary. This disease occurs between the ages of 50 and 75, but more frequently about the age of 63. After 65, men *usually* cease to procreate, but there are some exceptions. *Seventy years* is the scriptural limit of life, though there are, especially of late, many exceptions, and it is supposed that the average of old age has increased. Only 1 in 15,000, however, reaches 100 years; nor is the age of 81 (the second grand climacteric) often attained.

Infancy, in the acceptation above laid down, may comprehend childhood and youth, though many think that youth extends to the age of 28. The period allowed to manhood, undoubtedly, in this climate, is by far too short. The mental faculties are often as bright at 70, the time at which decrepitude is said to take place, as at any period of life; and, perhaps, the judgment is not more matured and perfect at any period, provided a man enjoys good health, than at 60. After all that has been said upon the subject, it seems that no other division of age is necessary than that which is naturally suggested in the rise and decline of life.

I have but few statistics to prove the correctness of my belief that there are no more deaths in the supposed climacteric years than in any others, and at present can only give those of the town of Deerfield, in Massachusetts, accurately kept for a period of sixty-six years. These statistics commence in 1787, and terminate in 1852. The whole number of deaths there in that time was 1531. Of these, 216 were under 1 year, and 16 were between 90 and 100 years of age. I give a little table from these deaths of those who have died during their climacteric years, and the years preceding and succeeding them:—

At seven years,	11	At six	10	At eight	5
fourteen	5	thirteen	7	fifteen	5
twenty-one	20	twenty	9	twenty-two	14
twenty-eight	7	twenty-seven	10	twenty-nine	11
thirty-five	9	thirty-four	8	thirty-six	8
forty-two	9	forty-one	6	forty-three	5
forty-nine	3	forty-eight	10	fifty	17
fifty-six	5	fifty-five	7	fifty-seven	9
sixty-three	3	sixty-two	10	sixty-four	12
seventy	23	sixty-nine	12	seventy-one	11
seventy-seven	15	seventy-six	16	seventy-eight	17
eighty-one	6	eighty	18	eighty-two	10
Total	116		123		124

The above table shows that the climacteric years in Deerfield have been less fatal than those immediately preceding and succeeding them, and this I think will hold equally true in other places. So there seems to be but little fear of special danger from these supposed fatal years.

UNUSUAL EFFECTS FROM THE USE OF THE SPIGELIA  
MARILANDICA.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called, on the 10th of January, to visit Mary B., aged 4 years. She had been indisposed several weeks. Her principal symptoms had been irregular appetite, which at times was voracious, then entirely wanting. Sleep disturbed by grating of the teeth and frequent startings. Bowels costive, and frequently tumid and hard. Tongue furred, and breath offensive. A circumscribed red spot was frequently observed on one or both cheeks. When I first saw her, she had slight febrile symptoms, which had lasted a day or two.

My diagnosis was irritation from worms. Ordered a cathartic of castor oil, with twenty drops spts. turpentine.

The next day, an infusion prepared with ʒ iij. spigelia Marilandica, in three gills of boiling water, was to be given in eight equal doses, at intervals of two hours, to be followed by a cathartic of infusion of senna. For some reason the medicine was not commenced until the 12th. After the third dose had been given, I was requested to see the patient, on account of the "strange effect" the pink had. I saw her at 5, P.M. The skin was hot and dry; pulse 110, and irregular; the face, especially about the eyes, including the lids, much swollen; pupils widely dilated. Strabismus of the right eye; a peculiar wild, staring expression of the eyes, giving the countenance a very singular—in fact ludicrous, appearance. Yet the intellect seemed to be perfect. The tongue was very pointed and tremulous. On attempting to assume the erect position, the patient would be seized with a general tremor, which would pass off in a few seconds, and leave her, apparently, quite exhausted. Ordered the spigelia to be discontinued. Prescribed five grains of calomel, to be followed in three hours by a dose of castor oil; after the operation of which, the patient to be immersed in a warm bath. The next morning, all the alarming symptoms, with the tumefaction of the eyelids, had disappeared. The oil operated about 1 o'clock, bringing away three lumbricoides, each about eight inches in length, after which the patient rested well the remainder of the night. All the symptoms for which I prescribed, also immediately disappeared, and the patient has since enjoyed excellent health.

I should have remarked that the spigelia, used in this case, was part of a pound of root which I obtained of a reputable druggist, and from which I had prescribed in several cases before, without any disagreeable consequences. It seems to me that a medicine which is capable of producing such alarming symptoms, should be used with much more caution than is generally done, *especially in domestic practice.*

G. W. SPALSBURY.

Joy, Wayne Co., N. Y., Feb. 16, 1855.



## SOME HINTS ON THE TREATMENT OF THE DISTEMPER IN DOGS.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING been for years convinced that many valuable animals, horses and dogs, have been sacrificed to over-medication—particularly to the too free use of the lancet, and purging bolus—I have written the following lines, in the hope, in so far at least as the treatment of one disease goes, to induce some change in that particular. I do not intend to enter into any description of the disease, which will be found fully given in “Youatt on the Dog.” I do not go into the treatment of the complications which may arise during the course of the disease, as I have nothing new to say on that part of the subject, farther than that I am entirely convinced that these complications, when arising in the course of the disease under consideration, are not benefited by depletion at all in proportion to the acute diseases which they simulate. In fact, I never recommend depletion except in a few cases at the very outset of the invasion, and that in a very moderate degree, but depend upon *vesicatoires volantes* in thoracic inflammation, and with the addition of vegetable astringents and opiates in the dysenteric complications.

From being a dog-owner as well as a medical man, I have been very frequently consulted in cases of disease in dogs, particularly in that curious disease called distemper, and as my ideas with regard to the nature of the affection and consequently of its treatment are somewhat peculiar, and as I think success (so far at least as the successful issue of a limited number of cases can be called success), has shown me to be correct, I shall make no apology for stating my views of what I consider to be the true theory and practice of this disease. Distemper is a disease of a low type, marked by debility as one of its most prominent characteristics. This I think is shown, first, by its obvious symptoms, both of invasion and advance, viz., chilliness, loss of appetite, rapid loss of strength and flesh, ulceration of cornea, &c.; secondly, that it comes on often as a consequence, apparently, of low feeding, also after debilitating diseases or those in which debilitating treatment has been employed, bleeding, mercurials internally and by inunction—in short, anything by which the general tone of the system has been reduced; third, its much greater fatality in very young or old dogs; fourth, its greater fatality in dogs not acclimated. Youatt, to whom I refer you for a description of the disease, says—“Should a foreign dog be affected by it, he almost certainly dies.” Lastly, its resemblance, in its invasion and in some of its stages, to the hay-fever of the human family, which is evidently characterized by debility, as is shown by the fact that a tonic treatment is the best both as a prophylactic and a curative means.\* The whole mucous membrane is liable to be

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\* Hay fever may, to be sure, attack persons not wanting in general vigor, apparently owing to some individual susceptibility to the irritation of the local contact of the pollen or other peculiar floral emanation; nevertheless, quinine and other tonics seem to answer best even in these cases.

affected by the extension of the disease, and therefore we may have complications in its course which resemble some acute inflammation, as pneumonia, dysentery, conjunctivitis, &c., but this seems to be merely from the locality affected, and not from the nature of the inflammation, which appears to have the same resemblance to true acute inflammation of the mucous membranes that erysipelatous inflammation does to the effect of a vesicating application to the skin.

Taking this view of the disease, I have been in the habit of treating it accordingly. In some cases, where the dog is naturally vigorous, I commence by giving from four to eight grains of calomel, with twice or three times as much powdered rhubarb as soon as this dose has operated; or in other cases, as a commencing dose, I give from one to four grains of quinine, with from half a drachm to a drachm of gun-powder, repeating this dose every day, and sometimes twice a-day. Keep the animal in a dry and moderately cool place, with plenty of dry straw; let him have bread and milk, or pudding made of Indian meal boiled in strong broth, almost in a liquid state; let him have the sun to bask in, and if the weather is good, take him out for a short time to walk, or, if he is too ill, let his kennel be well aired every day. My reason for giving the gun-powder is on account of the nitre, 75 per cent. of which it contains, in order to stimulate the excretory organs, and to keep the bowels moderately open. I suppose that what small amount of charcoal and sulphur accompanies it, cannot have much effect one way or the other. I adhere to this more from habit than for any real or supposed advantage over simple nitre. PHILOKÜON.

#### ON THE VITAL ENDOWMENTS OF NERVES.

[Continued from page 356, vol. 51.]

THE observations in the last article, enable us to estimate at their true value the experiments and reasonings of Sir Charles Bell, and the influence they have had on the subsequent progress of physiology. "The key to the system," says he, "will be found in the simple proposition, that each filament or track of nervous matter has its peculiar endowment, independently of the others which are bound up along with it; and that it continues to have the same endowment throughout its whole length." Here was his fundamental error. Long previous to his time, it had been suspected, from the occasional occurrence of paralysis of motion without loss of sensation, and the reverse, that different nerves were somehow subservient to these different functions. But the old physiologists who held this notion did not, as a general thing, any the less believe that both motion and sensation were functions of the mind, and not of the nerves. To him it was left to transfer, by a single stroke of his pen, these powers, from the province of the mind, and locate them in the nerves, as functions, springing from these



imaginary vital endowments. And we look in vain in his works for any process of reasoning, grounded on physiological or psychological facts, to warrant the step. It was an assumption, neither more nor less ; and it was an assumption, the necessity for which, it was incumbent on him to show, before he proceeded to experiment. Had he done this, his experiments would have been pertinent to prove *which* class of nerves were for motion, and *which* for sensation. But as they now stand, they prove nothing. It has been already shown, that though the anterior cords are, according to his experiments, subservient to motion, they are *indirectly* so ; that they are not subservient to *all* motion ; and that though the posterior cords are concerned in sensation, they are not *all* for sensation, something more than sensation being accomplished through their agency. Sir Charles, however, being fully impressed with the truth of his assumption, as soon as he found a class of nerves, the irritation of which was followed by muscular contraction ; and another, the irritation of which was followed by signs of sensibility, sought no farther. He had found what he was looking after. He never stopped to inquire whether the contraction of the muscle on irritating the anterior cord might not be a particular instance of a more general fact ; nor did he think of inquiring whether the sensibility exhibited was the *whole* function of the posterior nerve, but jumped at once to the conclusion with which his mind was previously magnetized. And in so doing, he overleaped the ganglion entirely. Or, if he allowed his thoughts to dwell on it for a moment, it was only to contemplate it as a sort of label, which the Creator had, in his generosity to perplexed physiologists, affixed to the sensitive nerves, to enable them to distinguish these from the motor. The size of the posterior being larger than the anterior cord, which subsequently suggested to Spurzheim the query whether the whole story was told in regard to the two classes of nerves, suggested nothing of the kind to him. Nor did the different degrees of obliquity, with which the fibres of the two cords enter the spinal column, nor the connection of the posterior with the cerebellum and the anterior with the cerebrum, unfold to his view any more extended system of relations.

It was in this way that he misled himself and physiologists generally. He saw a part of the truth, and mistook it for the whole. His system seemed to give an explanation of some pathological phenomena hitherto not understood, and soon began to be regarded with favor. Those cases of loss of motion where the motor nerve was sound, and the supposed sensitive nerve was divided, were plausibly explained by the loss of the guiding sensation. The anatomical contradiction contained in the distribution of a sensitive nerve largely to muscles, was met by the ingenious device of the nervous circle, which required a sensitive nerve to go to the muscle as well as a motor one. These being admitted, it became difficult to disprove it, were it false. It would naturally require time before authentic and well observed facts would

accumulate sufficient to overthrow it. And when that time came, the scientific were everywhere committed. The makers of physiological systems had arranged their statistics and constructed their works according to the principle of classification which this theory afforded them. The Reviews had promulgated it to the profession and to the world at large, as a fixed fact. And grave professors had stood sponsors for it before successive editions of the medical class in a thousand schools. A spirit of conservatism had arisen, sufficiently strong to antagonize the spirit of inductive philosophy. The question was not, what was the true meaning of a new fact, but how could it be *reconciled* to Sir C. Bell's doctrine. In addition to which, a species of sectional prejudice in the republic of letters, resisted all change. The rivalry between the nations of Europe in scientific discovery, had identified the national honor with this theory. British pride and British patriotism were interested in upholding it. And as British journalists claimed to dispense physiological facts and principles to all who read the English language, such facts could scarcely reach the mass of the profession until their obvious bearing and import had been explained away. "Cases have occurred," says Carpenter, "in which complete destruction of the anterior columns appeared to have taken place, without loss of motion in the parts below; whilst a similar destruction of the posterior columns has occurred without corresponding lesion of sensibility." Yet these cases have not been held as indicating the necessity for a wider and more comprehensive view of the nature of the office of the nervous system than Sir Charles Bell's theory presents.

We are told that we know not to what extent the nervous structure may be disorganized and its function continue. And we are gravely asked to believe, that the nervous influence, in its travels to and from the brain, can *jump across an inch or so of disorganized spinal marrow*, if it chance to meet with that amount of interruption of continuity.\* A better alternative is, to believe that a

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\* At page 669 of the last American edition of his work, Dr. Carpenter refers to a "case recorded in the Medico-Chirurgical Transactions, vol. xxxiv., in which a portion of the cord, at least an inch long, situated opposite the third and fourth dorsal vertebrae, was so soft that the slightest pressure of the fingers broke it up, being nearly in a fluid state through its whole thickness; yet the patient felt pain in his lower limbs, showing that the power of *upward* transmission remained. And although he had lost all voluntary control over the muscles of the lower part of the body, yet they were affected with incessant choreic movements (which, as will be shown hereafter, Sect. 7, appears to originate in the sensory ganglia), and these movements were affected in such a manner by emotions as plainly to indicate the downward transmission of motor power."

And this case he makes use of, to render it probable that complete destruction of the anterior columns, without loss of motion and complete destruction of the posterior columns, without loss of sensibility, is no disproof of Sir Charles Bell's theory. Although it would amount to little, if he could prove that in this case there was an upward and downward transmission of sensitive and motor influence throughout the diseased portion, he is far from making it out. The seat of pain is not in the brain, but in the mind. The seat of emotion is not in the brain, or the sensory ganglia, but in the mind. Both pain and emotion affect the mind (as has been said before) more deeply than the range of those sensations and motions which the mind receives, and performs, through the instrumentality of the brain and the columns. And if the communication through the spinal marrow is cut off, it does not, therefore, follow that communication between above and below, through the mind, is also cut off; especially, if the former disruption takes place by a slow process of disease. Reflex movements, choreic or otherwise, are still, like all other movements, performed by the mind. They are those which the mind performs involuntarily, or without



theory which makes such a demand upon our faith, however well established it may be supposed to be, must be without foundation.

If any further proof is wanting of the erroneousness of these views, it may be derived from the absurd consequences that have followed them. A tree is known by its fruits. A scientific principle is seldom limited to the birth of a single discovery. It is pregnant with a generation : a progeny formed after the pattern types in nature, if true ; a body of monstrosities if false. The favor with which the supposed discovery of Bell was received, gave popularity to the principle on which it was founded. If each fibre of the nerve has its specific endowment, then each ganglion or nervous centre has one also ; each fibre of the cerebrum, cerebellum and spinal marrow, is similarly gifted ; and a general search commenced to find these properties out.

Marshall Hall was the first to discover a series of movements, in which the muscles performing them were connected with the surface of sensitive impressions through the spinal marrow above. He therefore, consistently with this view, imagined a new endowment of this part, and a new set of fibres with specific powers to be set in operation by it. The term reflex was adopted to characterize this occult power ; and was also found convenient to comprehend the phenomena. Had this word been used in this latter sense only, for the purpose of defining and enabling physiologists to reason respecting phenomena, of the nature of which they were ignorant, no objection could be made. But when a word which is definitive, or descriptive of one class of phenomena, is made the cause of another, then confusion must result. Hard words and scientific terms multiply, but they stand not for clear thoughts in the mind of the writer, and they cannot excite clear thoughts in the mind of the reader. The term reflex found synonyms in the words automatic, excito-motor, diastolic, &c. Great parts of speech, undoubtedly ! But, like the unknown quantities in algebra, they yield nothing unless something known is substituted for them.

The conclusions of Marshall Hall were at first adopted by other physiologists. But as successive supposed discoveries of the same sort followed, it began to be suspected that the multiplication of nervous filaments necessary to carry out the hypothesis, would increase the size of the nerve to an extent which ocular inspection would not warrant. They therefore located the new specific properties in the centres, leaving the generic moving power in the nerves ; so that the fibres were motor to all comers, and all the movements of the body were soon classified under the terms excito-motor, sen-

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consciousness of its volition. Emotions, we all know, extend so far as to produce perturbations of our involuntary, as well as of our voluntary movements. And it is by no means impossible, that by an inverse method, an obscure sense of pain may reach consciousness, when there has been no sudden break in its relations. Certainly, it is the part of wisdom to believe this, rather than to believe a theory which takes away all meaning from organization : which makes a function to grow out of vital endowments of a part, and which holds on to the function after the part ceases to exist. Besides, there is reason to believe that the feeling of pain is more connected with the central portion of the spinal marrow than any other part. And in the case in question, this portion was healthy for a great extent below the seat of lesion.

sori-motor, emotional-motor, ideo-motor, volitional-motor, according to the several centres from which they originate. It must be confessed that this arrangement has one advantage, at least, to recommend it to popular belief. It looks (to use a nautical phrase), it looks ship-shape. The nervous filament, like the common sailor, stands ready to obey the orders of each and every one of his superior officers. As he is motor to the excitor-midshipman, to the sensori 3d, to the emotional 2d, to the ideo 1st lieutenants, and to the volitional captain, the only man on board who has a will of his own, so is the filament to the excitor marrow, to the sensory ganglia, to the idea-generating cerebrum, and to the willing head at large.

Pursuing the same course of reasoning, if all those operations by which the mind was formerly supposed to maintain its relations with the outward world, are only reflex operations of nervous ganglia, why may not *all* the operations of the mind be dependent on a similar mechanism? The brain, in the vastness of its unexplored depths, furnished room for any number of reflex or automatic actions. If nobody could see how, why or wherefore these resulted in mental processes, nobody could see how, why or wherefore they did not, and this was evidence enough. Accordingly it was soon found that perception and judgment, memory, fancy and imagination, passions and emotions, moral feelings and sentiments, were simply the results of the reflex operations of the brain. All this seemed plausible. But the affair grew somewhat awkward towards the close. Materialism was eschewed by this school. Something clearly, purely psychical must be developed, or strange suspicions would arise. A distinction must be made, though without a difference, even though it broke the unity of the plot. This distinction was made in favor of the will. The will was not dependent on the brain, though consciousness was. The will was permitted to rear itself unscathed, in solitary grandeur, above the wreck of mind and crash of metaphysics. Will without perception—will without memory—will without passion, hope, fear or remorse, was soul; and might reasonably expect a blessed immortality. And this is styled by its learned author a compromise, a splitting the difference between spiritualism and materialism.

Such were the consequences of the abuse of the term reflex—a term which was legitimately used, only when it was made to define a class of phenomena the nature of which was not understood. Had it been confined to this limitation, no harm as aforesaid would have arisen from it. But when it became expressive of a vital endowment of a nervous centre, and was subsequently transferred to other centres to express *their* supposed endowment, there was no stopping place until all the powers of the mind were absorbed. From being a definition of an effect, it became descriptive of cause. And as no definite idea of the nature of that cause could be reached by our limited faculties, the term itself became cause, and soon formed our whole notion of it.

I need not remind the reader, that in the foregoing remarks I



have had in view chiefly the two hundred or more pages of the last edition of Dr. Carpenter's work on the functions of the nervous system. This is an attempt, by the most ingenious physiological writer of the present day, to systematize the mental phenomena that take place in connection with the body, by following out to its last result the principle of Bell, through all the modifications it has received at the hands of Marshall Hall and other British physiologists. That he has not succeeded in introducing order in the midst of so great confusion, is not so much his fault, as it is the fault of his leading idea; for that being without foundation, nothing with a stable foundation can be built upon it. With all respect for the character and abilities of this author, as shown in other parts of his work, it is due to truth to say, that he has here confounded in one heterogeneous mixture the properties of matter and mind; that he has, as it were, *knocked into pie* the facts of observation along with the facts of consciousness; that he eliminates nothing clearly and conclusively; that he clips and trims his facts to suit the ends he has in view, instead of presenting them in their natural relations; that his definitions half cover what they are thrown over; that he does not even appreciate the nature of sensation or consciousness; that he makes assertions and assumptions without the least foundation; that his show of reasoning is but a play upon words; in short, that the proper title for his work is, instead of the functions of the nervous system, "So much of the physiology of the nervous system as can be explained by the terms reflex, automatic, excitomotor, sensori-motor, mind-force, nerve-force, &c." To call it jargon, would be to use a harsh expression; and yet it would only anticipate the verdict of posterity. The dedication of his work on comparative physiology to Sir John F. W. Herschell was a mark of gratitude for the benefits he derived from the study of his exposition of the modern method of philosophizing, and here in his human physiology we have demonstrated how much reason he had to be grateful. Nor does he stand alone in his glory. When we consider the great popularity of this work on both sides of the Atlantic—the almost universal laudation it has met with from all branches of the profession, we never need fear the loss of the sneers and sarcasms that have been bestowed by this age on the schoolmen, for their abuse of the *Organon* of Aristotle. Ages to come will render them back with accumulated interest, to mark their sense of the treatment the *Organum* of Bacon has received in the house of those who style themselves *par excellence* its friends.

The immortality of the work itself is doubtless secure. As an exponent of the prevailing ideas on this subject, it will be handed down as a literary curiosity. It will be a standing monument of misspent ingenuity, and (contradictory as the statement may appear) of the extreme absurdity to which the human mind can be carried by its *vis inertiae*, when an impulse is once given to it in a wrong direction.

B. H.

NOTE.—At p. 351 the name McDowell was incorrectly inserted for that of Dr. Dowler.

## CASE OF POISONING BY CANTHARIDES.

(Read before the Boston Society for Medical Improvement, by C. D. HOMANS, M.D.)

THE following account was communicated to me in a letter from Dr. C. H. Hildreth, of Gloucester, Mass.

On the 27th of October, at 2, A.M., was called to a patient giving the annexed history and presenting the symptoms enumerated below :—

Early in the preceding evening he applied at an apothecary's and purchased about 3 ss. of a powder supposed to be the *pulvis aloes cum canella* of the pharmacopœia, known among the vulgar as *picra*, or, as usually pronounced, *pikery*. The medicine was delivered by a boy in attendance. The patient put the powder into a bottle, added to it a tablespoonful of gin, and shaking the mixture took two spoonfuls, his usual dose for the relief of the irritation of ascarides, from which he was then suffering. He slept as well as usual until 12 o'clock, when he awoke with a severe pain in the lower part of the abdomen, thence extending into the lumbar region, but most intense just above the pubis. This rapidly increased to an alarming degree, and in the course of two hours, at the expiration of which time I saw him, became almost unendurable, although the patient was a man of much fortitude. There was some nausea, but no pain in the stomach, or indeed anywhere except as above mentioned.

Upon examination of the mixture which he had taken, the supposed *picra* proved to be powdered cantharides. Free emesis was immediately produced by the exhibition of the sulphate of zinc and copious dilution with warm water. He vomited several times, the powdered flies being expelled at every repetition of vomiting, but the pain in the abdomen was not in the least relieved. I therefore directed large injections of warm water, frequently repeated, and administered ten grains of camphor and one grain of sulphate of morphine, which dose I repeated every half hour until four doses had been taken, by which time great relief was experienced, and I left the patient.

Three hours after, I saw him again. He had passed water freely ; urine natural, and without any trace of blood ; had suffered from priapism to an inconvenient extent for a short time, but it had now entirely subsided. Patient was sitting up ; the pain was very slight, nor did it again recur. Had suffered no inconvenience from the large doses of morphine.

Four days after, I saw him again. He then complained of pain in all his joints, especially in the knees ; his eyes were inflamed and painful. Upon examination, slight effusion was apparent in the knee joints, and some inflammation of the sclerotic, which yielded to simple remedies, or more probably subsided spontaneously. Perspiration emitted a strong cantharidal odor, especially in the axillæ. Ten days after, he was able to resume his work.



There are some points of interest in this case, among which may be noticed—

1st. The length of time, viz., about four hours, which elapsed before any perceptible effect was produced by the cantharides. Is not this analogous to the results of its external application?

2. The apparent want of action upon the stomach, so far as can be inferred from the absence of symptoms.

3. The large quantity of morphine taken without producing narcotism. This, however, is sufficiently often observed in painful diseases of all kinds.

The exact quantity of cantharides actually taken into the stomach, it is of course impossible to estimate. The superstratum of liquid in the bottle containing the mixture, is about one third of the whole contents. The same proportion would undoubtedly apply to any portion of the mixture after having been shaken up. The quality of the drug is equally uncertain; it was the remainder of a stock that had been on hand for a considerable period, but still retained vesicatory power. The patient had eaten a very light supper before taking the cantharides—a cup of tea and a piece of bread only.

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### Hospital Reports.

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#### MASSACHUSETTS GENERAL HOSPITAL.

*Compound Fracture of the Skull.*—(Under Dr. CABOT. Reported by ANSON P. HOOKER, House-surgeon.) Feb. 3d, 1855, John Glynn, aged 3, fell from a stair-case outside a building, nearly sixteen feet high, striking his head upon some ice. The skull is fractured, with considerable depression and much comminution. There is a fracture above the right mastoid process of temporal bone, extending across vertex to left frontal prominence. Another fracture exists on the crown of head, radiating forward and backward.

Dr. CABOT, after examining the patient, made a crucial incision over the fracture, above the mastoid process, which was followed by a gush of blood and cerebral matter. The scalp and pericranium were very much raised by effusion of blood under them. The eyes were closed, lids swollen. The patient continually tossing himself about, but apparently unconscious. After the wound was washed, a fragment of bone, about half an inch square, which was discovered depressed into the brain, was removed. The depressed portions were raised by the elevator and fingers. Cold-water dressings were applied. At this time the pulse became very feeble; it grew stronger during the afternoon and evening.

Feb. 4th.—Patient having rallied considerably, was etherized, and Dr. CABOT made a crucial incision over the left side of the scalp, nearly opposite the first incision, which bled very freely; two, or three vessels were tied. A firm clot was removed from under the pericranium, which was dissected up by it. Dr. C. then made another incision upon the vertex, under which was found a fracture extending to the one first mentioned; the whole anterior part of which was depressed. A screw elevator being introduced between the fragments of the bones, the depressed portions were raised by the elevator and fingers.

5th.—Patient slept somewhat during the night. Pulse at times grew very feeble, then rose again. Has spoken this morning. In the afternoon he had every appearance of dying; subsultus, &c. Took during the day brandy and milk. Had an enema which operated freely.

6th.—Is better than yesterday. Has a stronger pulse and more natural appearance. His right eye, the lid of which is less swollen than that of the left, is open. He appears to recognize people in the room. Will put out his tongue when directed. He was ordered two grains of calomel, thrice to-day; and gruel with milk.

7th.—About the same as yesterday. Slept well last night, and had a natural dejection. Continue treatment of yesterday.

8th.—Looks brighter. Left eye partially open. May have some beef tea for dinner.

9th. About the same as yesterday. Omit R. of 6th. Dressings were removed; pus escaped. Fungus cerebri was seen protruding. Apply yeast poultice.

10th.—No perceptible difference in patient. Has had no dejection since the 8th. A grain of calomel thrice to-day. Apply burnt alum to the fungus.

14th.—Patient continued in the same state till this A.M., when he began to grow feeble, sighing continually. Does not take food readily, which he has done since the 5th.

15th.—Pulse very small; is evidently failing. P. M.—Died this afternoon, about 4 o'clock. No examination allowed.

*Cases of Phthisis treated by Fusel Oil. Increase of Weight.*—(Under Dr. D. H. STORER. Reported by HENRY K. OLIVER, Jr., House Physician.)—June 10, 1854, Margaret F., æt. 24, a domestic, reports that she has had hæmoptysis eight months previous to entrance, and cough up to the present time. Has lost much flesh. On examination of chest, bronchial respiration with increased resonance of voice are noticed over right scapula; same results under right clavicle. There is dulness on percussion, and deficiency of respiration over left scapula. R. Alcohol. amylici, gtt. iv., after each meal. House diet.

14th.—Weighs 110 lbs.

July 13th.—Increase oil to gtt. v.

24th.—Has gained 6 lbs. since entrance.

Aug. 15th.—Increase oil to gtt. vi.

20th.—Has gained 2 lbs. since 24th ult.

Oct. 6th.—Dry râle under left clavicle, and over left upper back, with diminished resonance. Bronchial respiration and occasional râle in right supra-spinous fossa.

11th.—Weighs 124½ lbs.

Nov. 8th.—Weighs 125 lbs.

Jan. 1st, 1855.—Has gained 5 lbs. during the last 4 or 5 weeks. Discharged relieved. Increase of weight in 7 months, 20 lbs.

CASE II.—Ann N. N., æt. 16. (Under Dr. GEORGE C. SHATTUCK.)—May 31st, 1854.—Has had cough for 5 months. No hæmoptysis. Has lost a little flesh. There is dulness and want of elasticity under left clavicle. The respiration is feeble, rude, blowing; expiration prolonged, with occasional sub-crepitous râle at the end of inspiration. R. Ol. morrh., ʒij., in ale—ter. die. House diet.

June 7th.—Increase oil to ʒss.



July 5th.—Nauseated by oil. Omit it. *R.* Alcohol. amylici, gtt. v. ter. die.

Aug. 11th.—Has gained 3 lbs. during the last 3 weeks.

Oct. 11th.—Resonance diminished in left supra-spinous fossa. Respiration vesicular and free from rale. Diminished resonance and occasional sub-crepitant rale, with feeble respiration under left clavicle. Respiration perhaps a little rude over right upper chest. Weighed, yesterday, 103 lbs.—a gain of 5 lbs. since 12th August.

Oct. 25th.—Has gained  $2\frac{1}{2}$  lbs. since last record. Is taking gtt. vi. of *R.* of July 5th. Gain in 3 months,  $10\frac{1}{2}$  lbs.

Jan. 20th, 1855.—Discharged, relieved. No record of weight, however, was made after Oct. 25th. Her condition on Dec. 17th, is reported as follows:—Improving for last month. Digestive, menstrual and renal functions, well. Not more than half as much cough as at entrance. On auscultation and percussion, the only sign is a slight difference of pitch in favor of right summit, front and back. Respiratory murmur is a little obscure in same parts on the left. Dry crackling on coughing.

Feb. 22d.—Patient came in to-day, and reported weight, at discharge, 106 lbs. Weighs now  $108\frac{1}{2}$  lbs. Has been continuing fusel oil out of the Hospital.

*Catamenial Obstruction.*—(Under Dr. H. I. BOWDITCH.)—Jan. 2d, 1855.—Catherine R., æt. 29, a seamstress, took cold 2 months ago, while menstruating. The menses were not suppressed, and have continued regular. She had a feverish attack, lasting a number of days, with trouble in the head, more or less annoying, since. On 25th ult. she went to bed with severe headache and much languor. Attempted to go to church next day, and was seized with nausea and vomiting. Has been in bed since, with severe headache, some buzzing in ears, and general feeling of weakness. Now, head quite hot; rest of surface natural. Dull pain through hips; appetite poor; much thirst; urine high-colored; pulse 90, not unusually full.

3d.—Headache; nausea; countenance dull; pulse 84; skin natural; tongue moist, with thin coat; abdomen a little tense, but not full.

From last date to Jan. 13th, patient obtained temporary relief from time to time, under local and general bleeding, refrigerants, and saline cathartics; but the trouble in head and bowels invariably returned.

On Jan. 13th, the following record was made:—Yesterday morning, two small clots came from vagina, with a little "show." This was followed by relief from much pain which she had suffered during the night. Reports "quite well" to-day. No pain any where. Wishes to get up. Feels better than since arrival in this country, two years ago. Menses present; more natural than for months past. Discharged well.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SOCIETY FOR MEDICAL OBSERVATION. BY R. M. HODGES, M.D., SECRETARY.

*Fatal Case of Tetanus.*—Dr. PARKMAN related the case as occurring in a boy whose hand was crushed between two ships. No bones were broken, but sloughing took place and a line of demarcation had formed. At the time of the accident a portion of muscle was squeezed out through the

wound, and this was snipped off with the scissors. On the eighth day after the accident, having previously done well, the boy got up and walked across the room; when he got into bed again he complained of pain in his back. The next day, when Dr. P. saw him, he was in a cold sweat, with a feeble pulse and locked teeth. Shortly after, on the same day, he began to have spasms, which continued till death ensued, 26 hours after the first symptoms were noticed. He was ordered, on their first appearance, opium gr. i. and brandy  $\mathfrak{z}$ i. every hour, with hot bottles and stimulants externally. This he took from 10 A.M. till 5 P.M. At that time the general symptoms were improved, but the spasms continued. The inhalation of ether until he was quiet, and then chloroform (on account of the lights about the bed) was then commenced, and administered up to the time of his death. This prevented the spasms, but they came on the moment its influence passed away. The respiration was tranquil; if there had been any irregularity in its performance, Dr. P. said he should have performed tracheotomy.

*Sudden formation of Cataract.*—Dr. CABOT mentioned the following instance. A girl, 16 years old, was operated upon by him for strabismus. The result of the operation was good, and the vision perfect for four days after. In the night of the fourth day she had great pain in her eye-ball, and woke up on the fifth day with well-marked cataract. She was of a scrofulous diathesis.

*Lemon Juice as a Sedative to the Pain caused by the passage of Biliary Calculi.*—Dr. BOWDITCH had used this with great success in a case under his care. Formerly the paroxysms of pain lasted a day or two; since its exhibition the patient has none at all. He supposed the action to be similar to that of the nitro-muriatic acid bath. The similarity between the symptoms of duodenitis and those of biliary calculi was remarked upon, and the relief which lemon juice causes in that disease was alluded to.

*Peculiar Effect of Chloroform.*—Dr. E. H. CLARKE mentioned this case, which occurred in the practice of another physician. A girl, 20 years old, inhaled chloroform for the purpose of having a tooth extracted. She recovered apparently from its influence, and walked home the distance of a quarter of a mile. Her conversation was however incoherent, and her gait unsteady. Soon after reaching home she became paralyzed, losing both sensation and the power of motion. The skin was cold and pale; respiration *saccadic* and the pulse feeble; no rigidity of the muscles. She came out of this state, and then became furiously insane, together with which were constipation and deficient secretion of urine. This condition of things lasted from a week to ten days, and then her usual health returned.

*Dilatation of the Aorta.*—Dr. MINOT exhibited a heart removed from a patient 50 years of age. She had had a distinct souffle with the second sound, ascites and anasarca. The heart was hypertrophied, the ventricular valves were perfectly sound; the aorta was much enlarged, and upon pouring water in, there was found an insufficiency in the aortic valves, which, though perfectly healthy, could not meet, owing to the degree of dilatation at their point of union with the arterial walls, so as to prevent the passage of the fluid. Dr. M. said that Dr. Ellis had communicated to the Society two similar cases, and that the fact was commented upon by Hope and Valleix. The actual coats in this instance were full of atheromatous deposit. The kidneys and liver were healthy. The case shows very clearly the importance of trying in all cases the experiment which revealed the deficiency.

*Clay-colored Feces without deficiency in the Biliary Secretions.*—Dr. ELLIS mentioned an instance where the discharges were clay-colored for some



time previous to death, and at the autopsy the fæces in the upper part of the intestine were yellow, and in the lower part white, showing that the secretions of the intestine are as necessary to give the natural fæcal color as the bile itself. Dr. E. remarked upon the importance of this fact, as in such cases it is the liver that is always blamed, when very possibly it may be the intestines that are at fault.

*Closure of the Canal of the Cervix Uteri.*—Dr. BOWDITCH mentioned the case of a woman who came to him for inflammation of the tonsils. Finding that complete amenorrhœa had existed since her last confinement, six years previous, and that her labor at that time was accomplished by the aid of instruments, he examined per vaginam and found closure of the cervical canal of the uterus. Dilatation continued for two months produced gradual elongation of the canal, when suddenly, without warning or pain, her catamenia re-appeared.

*Paracentesis Thoracis.*—Dr. BOWDITCH detailed a case of empyema operated upon ten times by paracentesis thoracis. Pregnancy had occurred during the course of the disease, without unfavorable symptoms. A valvular fistulous opening resulted after several evacuations of pus, which prevented its free exit, and the accumulation then endeavored to discharge itself from an abscess which pointed between the second and third ribs. Seeing this, Dr. B. determined to establish a permanent opening, which he did by puncturing with a large trocar as low down as practicable. The fistulous opening then closed, and the abscess subsided. Through this puncture he injected at various times the liq. iodini comp. 3j., at first diluted, subsequently pure. The lung gradually came up, and the heart returned to its normal position. The disturbance of this organ brought on some trouble in the side opposite to the affected one, and a friction sound was detected, but the symptoms passed off without any particular inconvenience to the patient, who was able at this time to resume the performance of her household duties. The large trocar remained in three weeks, and then a smaller one was substituted. This last was accidentally displaced by a fit of coughing, but was not reinserted, and since then there had been no discharge of pus. Dr. Bowditch considered the treatment to have preserved her from immediate impending death, and to have warded off tubercular disease, which his experience led him to believe would almost inevitably have ensued, had a fistulous opening been allowed to form so high up as between the second and third ribs.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 1, 1855.

### ACCIDENTAL POISONING.

A FATAL case of poisoning, by means of stramonium, occurred a few days since in Oak street, in this city. If the newspaper accounts are correct, the accident was caused by a quantity of the drug being taken instead of thoroughwort, and made into an infusion with boiling water, which was administered to two persons suffering from colds. One of these patients, an old lady upwards of 70, died from the effects of the narcotic. We met with a similar instance some years ago. A family consisting of five or six persons dined one Sunday on roast pork. In the afternoon all those who

had eaten of the dish were attacked with nausea, pain and stertorous breathing. An active emetic soon relieved them of all dangerous symptoms. It was afterwards discovered that a quantity of powdered stramonium leaves, which the father of the family was in the habit of smoking on account of asthma, had been carelessly left in a cupboard in a paper, and was used by one of his daughters to stuff the meat with, instead of sage. Facts like these are more common than we are apt to suppose, and show the importance of precaution in keeping such dangerous articles about one's house. Yet almost every house has poison enough in it to kill all the inmates, and often it is carelessly left about, within reach of children or ignorant domestics. Fly poison; rat, bug and cockroach poison; to say nothing of active medicines, may easily give rise to accidents similar to those described above. A few weeks since a child took, on an empty stomach, a dessert spoonful of laudanum, administered by mistake instead of tincture of rhubarb. Fortunately, by active treatment the child was saved. If the vial containing the laudanum had been different in its shape, color, label, &c., from other bottles containing medicine, the accident would never have happened. Our object in making these remarks is to enjoin physicians to warn the families among whom they visit, against the danger of leaving poisonous substances within the reach of ignorant or careless persons.

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#### INFORMATION TO SUBSCRIBERS.

"A SUBSCRIBER" complains that no notice has appeared in the Journal of the circumstances attending the death of Dr. Samuel Parkman, "whom many physicians scattered about the country learned to respect, if not to love." In reply, we would state that the lamented death of Dr. Parkman occurred before we assumed the editorship of the Journal. Had it taken place at a later period, we should have been glad to add our own humble tribute to the many testimonials which have been published of the virtues which adorned his private character, and of his great professional excellence. His disease was typhoid fever, from which he sank, after a few weeks of severe suffering.

The same writer also suggests that if advertisers in the Journal would state the prices of the articles they offer for sale, it would be a great convenience to country physicians. In this we cordially agree, and would add, also, our conviction that booksellers, druggists and others would find their trade greatly increased by adopting this plan. We are always willing to state the prices of books in our notices of them, when desired or permitted to do so by the publishers; but in some instances this is objected to, and in others no information is given us about it. If Dr. Holmes's pamphlet on puerperal fever were advertised for sale at twenty-five cents, we feel sure that a large number of "subscribers" would be glad to order a copy.

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#### **Bibliographical Notices.**

*The Non-malignant Diseases of the Uterus.* An Essay which obtained the Boylston Prize for 1854. By GEORGE H. LYMAN, M.D. Boston: Ticknor and Fields. 1854. Pp. 76.

This Essay has made its appearance at an opportune moment. The importance of certain changes in the cervix uteri, as the cause of a host of painful and obstinate symptoms, has been urged with all the power of eloquence, reasoning, and we might almost say, of demonstration, by a number of eminent observers. On the other hand, it has



been said that the connection between the local and general symptoms was exaggerated, and even that in many instances the natural appearances of the mucous membrane of the os uteri were taken for a diseased condition. Among the former are Dr. J. H. Bennet, Dr. Simpson and Dr. Tyler Smith; in the latter class are ranged Dr. Ashwell, Dr. Lee and Dr. Charles West. Dr. Lyman believes "that these diseases are much more frequent than members of the profession are willing to allow; that when present they are the cause of extensive derangement of the general health; and that the local treatment is the only successful one in the vast majority of cases." The Essay is carefully written, and forms an interesting monograph on the subject. Although "it professes to be nothing more than a concise sketch of those non-malignant diseases of the uterus which are most frequently met with, and of their surgical treatment, as described and advocated by many distinguished modern writers," the author has frequent occasion to refer to his own experience in his descriptions of the lesions, and of the effect of remedies. This is particularly the case with regard to local applications to the cervix. The author passes in review the different methods employed, and describes those which he has found most beneficial. His remarks are sensible and judicious, and will be found of service to those who are embarrassed by the large choice of remedies. We recommend the work as a valuable aid to all physicians who are called upon to treat this intractable class of maladies.

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*Principles and Practice of Obstetric Medicine and Surgery.* By FRANCIS H. RAMSBOTHAM, M.D. With Notes and Additions by WILLIAM V. KEATING, M.D. Philad.: Blanchard & Lea. 1855. Pp. 648.

This standard work on obstetrics requires no recommendation from us. The united voice of the profession has long since pronounced it to be one of the most complete and best on the subject in the English language. The present edition possesses unusual attractions. It is edited by Dr. Ramsbotham himself, who pays a compliment to the profession in the United States by dedicating it to Dr. Meigs. Considerable additions to the work are made by Dr. Keating, the American editor. We have only had time to read those on the employment of anæsthetics, and on puerperal fever, and from them we judge favorably of the rest. An appendix contains much historical, statistical and other information. The printing is excellent, and the illustrations are abundant and beautifully executed. Finally, a copious index adds much to the convenience of the work. For sale in Boston by W. D. Ticknor & Co.

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*What to Observe in Medical Cases.* Published under the authority of the London Medical Society of Observation. Second Edition. Philadelphia: Blanchard & Lea. 1855. Pp. 228.

That this invaluable manual of the art of observation should have reached a second edition in this country, speaks well for the condition and prospects of medicine among us. The new edition is improved and enlarged by a section on Treatment. The American re-print is beautifully executed, and will, no doubt, meet with a ready sale. It is to be had in Boston of W. D. Ticknor & Co.

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#### NOTICES.

The following communications are received: On Polypus of the Womb, by Walter Channing, M.D. (will appear in our next); a Case of Membranous Croup, in which Tracheotomy was performed, with successful results; on Mercury, by E. S.; a notice of the late Dr. J. C. Cochran, of New Orleans; an Account of the Choleraic Epidemic in the Massachusetts State Prison—a letter to Dr. Bowditch from Dr. W. B. Morris, Physician to the Prison—(we hope to find room for this paper next week); Carbonic Acid, or Soda Water.

The following pamphlets have been received: Report by the City Registrar of the Births, Marriages and Deaths in the City of Boston, for the year 1854.—Report of the Trustees of the Massachusetts General Hospital.

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*Deaths in Boston for the week ending Saturday noon, Feb 24th, 75. Males, 41—females, 34.*

Apoplexy, 1—inflammation of the brain, 1—disease of the brain, 1—bronchitis, 1—consumption, 14—convulsions, 5—croup, 2—cancer, 1—dropsy, 1—dropsy in the head, 2—infantile diseases, 6—puerperal, 1—erysipelas, 2—typhoid fever, 1—scarlet fever, 1—gout, 1—hooping cough, 3—disease of the heart, 1—intemperance, 1—inflammation of the lungs, 9—congestion of the lungs, 3—measles, 1—old age, 1—plenisy, 1—premature birth, 1—poison (accidental), 1—smallpox, 5—rheumatism, 1—teething, 4—suicide, 1—disease of the spine, 1.

Under 5 years, 32—between 5 and 20 years, 10—between 20 and 40 years, 19—between 40 and 60 years, 6—above 60 years, 8. Born in the United States, 59—British Provinces, 2—Ireland, 13—Germany, 1.

*Dr. S. L. Bigelow, of Paris.*—The following is an extract of a letter from a Bostonian now residing in Paris, to a friend in Boston :—"Dr. Bigelow is acquiring a great reputation here, to which his learning and success richly entitle him. You may be sure all the resident Americans are aware of, and rejoice in this; but those coming temporarily may not know of him. Therefore, as one of the many, grateful for his skill, I beg you will give publicity to his position here, as a physician, and his place of residence, which is *Rue de la Paix*." H.

*Coroner's Verdict in a Dispensary Case.*—A woman about to be confined in New York, on the 18th inst., sent to the "Demilt Dispensary" for a physician. She died from rupture of the womb. The affair was rigidly investigated by Coroner O'Donnell and his deputy, Dr. O'Hanlon, and the verdict was to the effect that the attending physician was incompetent as an obstetrician, and that it was culpable in the superintending physician to send a young and inexperienced man to attend the deceased. The jury also recommended that the proper authorities should cause the Dispensary to discontinue such practice. We extract the foregoing from the N. Y. Daily Times, whose brief account of the affair hardly justifies such a verdict.

*How they Check Quackery in France.*—A man was lately tried at the Assizes of Ain, for illegally acting as a medical man, and exciting an uproar in the district. It appeared, when the cholera was raging, this man presented himself, and declared he had an infallible remedy for the disease. The people at last refused positively to accept aid from the properly qualified practitioners. Every patient the prisoner treated, died. The jury found him guilty, and the court condemned him to a year's imprisonment and 500 francs fine.—*Lancet*, Feb. 1855.

[A most righteous verdict! In a less pretentious style, we have many an adventurer among us for whom the same, or even a heavier sentence, would be "a reward of merit."—*Editors*.]

*New Remedies.*—At the London Hospital a case of syphilitic warts has improved under a lotion of decoction of tormentilla.

A case of fracture, ununited for four months, probably from effects of scorbutic disease, improving under use of lemon juice.

Equal parts of collodion and per-chloride of iron,—collodion, Venice turpentine and castor oil, as impenetrable coverings for the cure of local inflammation, are spoken about.

A watery extract of belladonna is used in Italy instead of *secale cornutum*, for producing relaxation of the os uteri; it is said to act in the same way, not by paralyzing the muscular fibres, but by stimulating them, a function denied to *secale* in that country.—*Lancet*, Feb. 1855.

*Fecundation.*—Dr. Martin Barry has repeated all his former experiments as to the ovum, and though denied by Bischoff, Wagner, and various other Germans, the English physiologist proves to have been true from the beginning. He has recently shown spermatozoa in large numbers in the body of the ovum.—*Lancet*.

*Smallpox among United States Troops.*—It is stated that four cases of smallpox have occurred among the U. S. troops at Newport Barracks, St. Louis, Mo.

*Industrial Pathology.*—Amongst the facts of this interesting study, we find there are a quarter of a million of the population living constantly underground in the darkness of mines. The average age of Sheffield workmen is thirty-five years; the average age of the "dry grinders" of needles very much under this figure. The chief disease amongst tailors is fistula; amongst bakers, scrofula and skin diseases; the latter are advised to rub their hands with oil, to prevent the flour insect and weevils from irritating the skin. Tallow-melters' hands, it is said, are remarkably soft. The most dangerous part of the painter's trade is "flattling," white lead, turpentine, and closely-heated rooms, generating colic: the remedy is sulphuric acid, cleanliness, tubs of water, and fresh air; and, as an antidote, the more frequent use of "white zinc" or "zinc lead." Pegged boots are superseding stitched, and relieving shoemakers of their sitting position. In the manufacture of lucifer-matches, heated or allotropic phosphorus is said to be not so dangerous to the jaw-bones as ordinary phosphorus.—*London Lancet*.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## POLYPUS OF THE WOMB.

BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

DEWEES says, in one of his works on the diseases of females, or on midwifery, that he had never seen a case of uterine polypus. As he was in very large midwifery practice, and was consulted daily for female complaints, this statement seems to be a somewhat remarkable one; and but for his skill in diagnosis, showed in all his writings, one might be led to think that he had not discovered it when it existed.

Twenty-two cases have come under my notice, and in sixteen of which I have operated. In this enumeration are included four cases of poly-poid tumors. In it are some which were concealed, or out of reach. The greater number were extra-uterine. In all was this symptom—periodical hemorrhage, and hemorrhage at other times from accident. This flowing observing in some cases an exact periodicity, may and has led the physician astray from its cause, and has been allowed to continue for months and years, without suspicion of its true cause. It has been treated as *menorrhagia*, and, of course, without the least benefit. We may be deceived in another way. Much blood is lost, and frequently. Still the patient keeps along pretty well. There is paleness, excessive paleness. But there are not other symptoms of anæmia—the pink-colored veins—the absence of coagulated blood, or blood very feebly coagulated—the cerebral, the cardiac, the pulmonary lesions of function. At least much time may pass and anæmic symptoms be wanting. There may be great weakness, loss of appetite—loss of flesh, and yet the observer looks in vain for the signs of the graver disease. In polypus, the blood coagulates, and if retained, in very firm masses, and of a ring-shape, it may be, from the mould, the space between the tumor and the womb, in which it is cast. It is of a dark color when thrown off under these circumstances. Sometimes the coagula are broken, shreddy, but showing firmness. There are pains characteristic of polypus. Especially is that forcing, bearing-down pain which accompanies menstruation. This may be unlike dysmenorrhœa, and the quantity and

characters of the discharge are altogether different from that which characterizes painful menstruation.

Two forms under which polypus may exist were spoken of. And, first, of the *concealed*. Under this head I include cases in which the tumor is contained, and retained in the uterine cavity. In these the loss is often very great, and accompanied by uterine force not exceeded by the demands of labor at the full time, even when these are more than of average strength or necessity. Of this the following is an example.

CASE I.—Mrs. —, between 30 and 40. Has had but one child, a daughter, now between 11 and 12 years old. Is very fleshy, and of sufficient color of complexion. Was some months ago attacked with uterine hemorrhage during menstruation, for which there was no assignable cause. This recurred again and again, and at length uterine contractions came on, which were most distressing by their strength and continuance. Her physician examined her in the intervals of periods, but detected nothing unusual in the cervix or os uteri. No permanent relief was obtained by medicines. At length he examined during a period or just at its close, and found the os uteri open, and just within it a firm and insensible mass. He believed this was a polypus, and wrote for my advice. I recommended ergot of rye to be given during menstruation; and if the tumor protruded, and he should desire my services, I would with pleasure come and see the case with him. He gave ergot as suggested. Uterine force responded, and he found the tumor fairly protruding into the vagina. Upon reaching the address I discovered a cylindrical tumor lying nearly horizontally across the pelvis. It was large and firm. Its outward extremity was against the hollow of the sacrum. I had never met with such a position of a polypus, and it was a question how a ligature could be passed round it. The following method was used. The canulæ were carried up in front of the tumor as far as they could go and as near as possible to the os uteri. One was kept in place there, while the other was slid along the tumor to its other end. It was now carried round this end, and slid back along the tumor till it was opposite the other. The ligature was thus passed round the tumor. The farther ends of the canulæ easily came down until they met, when the slide was passed up and the canulæ made one. The ligature was tightened, and the operation done. The ligature was drawn daily, and in four days the instrument came away. The tumor was removed, and it was found two and a half inches in diameter where it had been cut through. I am struck with the ease of describing an operation, when compared with doing it. We talk of “carrying up,” and of “sliding along,” as it were “as easy as lying.” I have applied the ligature to polypi often, but in no case has the difficulty of doing it approached to that of this operation. Mrs. — recovered, notwithstanding a protracted dysentery which endangered life.

CASE II.—This occurred in the subject of the first. There was



the same hemorrhage, the same pains at the menstrual period, the same exhaustion, and the same general ill health which accompanied that. It was first noticed between one and two years after the first. Upon examining this patient, a tumor presented which filled the vagina, as does the child's head in labor. It was perpendicular in its direction, and so could be treated after the common manner. The only embarrassments were in the size of the tumor, and its unequal surface. The first made it difficult to pass the canulæ to the upper part of the vagina, or end of the body of the tumor at the pedicle, and when this was done, great was the difficulty in passing the moveable canula round the tumor to meet the stationary one. This was accomplished, and the ligature drawn tight. It was tightened daily, and after many days came off. The tumor required instruments for its removal. During her convalescence Mrs. ——— was seized with pleurisy of intense violence, and died. The left chest was found filled with pus and serum, and the ordinary lesions of the organ diseased. The womb was carefully examined. It was large, evidently from hypertrophy. The places formerly occupied by the polypi were distinctly visible, but as perfectly smooth, and of as natural appearance as the rest of the cavity. From the fundus—the other polypi rose from the body—from the fundus hung a very small polypus, its pedicle about three fourths of an inch long, and the mass appended to it the size of a small cherry. It was perfect in all its characters, and but for death would have grown, and from its situation would in its growth and weight have probably drawn down the fundus, and have inverted the womb. For the privilege of seeing these interesting cases I am indebted to my friend Dr. Stevens, of South Reading, to whom I owe like acknowledgments for an opportunity to see the same disease under quite a different form.

CASE III.—This was another instance in which polypus appeared twice in the same individual. The patient was unmarried, and was suffering the usual symptoms of the disease. Examination discovered polypus. This was some time after removal by ligature of the first tumor. These operations were done by my friend Dr. J. M. Warren, who has reported them in the Transactions of the Boston Society for Medical Improvement.

CASE IV.—This was a case of *concealed* polypus. Mrs. ———, between 20 and 30, had always excellent health, not the least disturbance of menstruation. She became pregnant, and went her full time and was delivered without accident. Some weeks after confinement she was, without known cause, seized with profuse uterine hemorrhage. This recurred, and her physician, Dr. York, of South Boston, made a very careful examination of the womb. The os uteri was patulous, and at length admitted the finger, and in the cavity of the womb he discovered a tumor. It was firm and insensible. Dr. York desired me to see the patient with him, which I did with pleasure, and examination confirmed his diagnosis. The polypus was an inch in diameter, and was long and cylindrical. I had

taken with me the polypus canulæ, and at Dr. Y.'s request proceeded to apply with them a ligature. It was not easy to do this. The polypus almost or quite filled the cavity, leaving little room to use the finger as a guide. The ligature was passed round the tumor, and drawn very tight. It cut fairly through the mass, and brought away with it a circular bit, not more than a quarter of an inch thick at its centre, and going off to a thin edge—in short, a thin portion of the end of the polypus. There was no hemorrhage at the time, and none afterwards. The polypus entirely disappeared, and the health of Mrs. ——— was soon and satisfactorily restored. The *early examination* by the attending physician, and his *accurate* diagnosis, were of exceeding importance in regard to the result of this case, for already this patient exhibited the alarming signs of dangerous uterine hemorrhage, and might have irrecoverably sunk had not the true nature of the disease been discovered.

While writing, I have been consulted in a case of very alarming uterine hemorrhage in ———, Ohio. Examination has not detected any such uterine lesion as explains the hemorrhage. The patient was about five months pregnant, and aborted without known cause. Hemorrhage soon followed, and had continued to the present time. In my answer to the letter containing these facts, I suggested that concealed polypus might exist in the uterine cavity and cause the flowing.

In consulting Gooch on another point, I find a case in which “for nearly two years the patient had been subject to long and profuse menstrual periods. Fifteen months ago the uterus had been examined by an eminent practitioner, who discovered nothing but that it was larger than natural. About five months ago, during expulsive pains, a tumor had descended into the vagina, and now was so large as to fill the pelvis, and occasion a retention of urine, which required the frequent introduction of the catheter.” Here was a case of *concealed polypus*, which very nearly resembles those I have above given, and which last were alluded to in my answer referred to.

CASE V.—This has a story. Two patients were taken in labor the same day. I agreed to attend them both. They lived wide apart, one south and the other north, but a carriage in constant attendance enabled me to see them as often as was needed. Late at night, the case at the south had at my last visit so rapidly advanced that I could not leave. The child was born. The afterbirth did not appear. After waiting the usual time, the hand was introduced along the cord, and the placenta raised. I was surprised to find that a mass of some size still remained attached to the womb. An effort was made to detach it, but I soon saw nothing was to be done in that way, and contented myself with the removal of the afterbirth, which was perfectly natural. What was this growth? It had no malignant characters, certainly had betrayed none before pregnancy, nor after delivery. There was not a sign of polypus about it. There had never been hemorrhage, nor me-



norragic pain in its usual seats. Mrs. ——— had always had rugged health. I concluded, and stated this opinion to my class, that an arrest had occurred of processes in uterine development, which result in the formation of a single cavity, and that the mass I felt might have been a portion of the original partition by which the womb was left somewhat in the state of being partially double. I could reach no other solution of the fact, and left it where it was. As soon as the case was over, I drove north, but found the crisis of the case had arrived about the same hour as did that of the south, when a neighbor doctor had been called in, and the case successfully completed. The day's—the whole day's work, the night being the longest half of it, was now done, and I drove home, which was midway of the extremes of my elaborate practice. I heard nothing more of these patients, who were left perfectly well, till I was called again to the patient whom I *did not* attend, who was again safely confined. Not long after, for such is my memory, I heard that the case which I *did* attend was dead. I was told that she was taken in labor, and sent for the physician she had engaged to attend her, who found an arm was the presenting part; failing to return it, he sent for a physician in consultation. It was agreed to turn the child. The turning was accomplished. Death followed, and upon opening the body the womb was found ruptured, and a polypus attached to the organ. At least I was told it was considered a polypus. By a somewhat singular coincidence, the patient I visited with the one who died after delivery, not long since was seized with excessive menstrual periods. Being greatly reduced, she sent for me. I detected a polypus reaching from the os uteri almost to the external orifice. It was successfully removed, and the case will follow.

CASE VI.—This was an instance of partially concealed polypus. My friend Dr. Morrill called me to see his case, and I may remember it more distinctly from its association with many, many other exceedingly interesting cases which have occurred in the practice of this gentleman, and which I have attended with him. The usual symptoms of polypus were strongly marked in this case; profuse menstrual periods and intercalary losses from over-exertion, &c. Her appearance showed no functional disturbance; the whole trouble being directly the product of simple excessive hemorrhage. Dr. M. examined the vagina. He felt something unusual at the os uteri, and desired me to see his patient with him. I did so, and by the speculum discovered a tumor projecting slightly from the os, which last having with the cervix become very thin by the pressure, embraced the rounded end of the polypus, which it was, as does the prepuce the glans in an intense form of phymosis. A small probe was with great difficulty forced between the tumor and the neck. It was agreed that Mrs. ——— should take ergot, and when the tumor came within reach, that I should apply round it a ligature. The ergot was given, and the tumor was forced by it more than an inch out of the womb. It was about an inch in diameter. The

ligature was applied. Hemorrhage ceased the moment this was done, as it always does. The canula in a few days came away, the polypus following it, and convalescence and perfect recovery without accident ensued.

CASE VII.—This occurred in a young unmarried girl, aged 18. She was of exceeding fair complexion, with the lightest colored hair, and eyes in harmony. Nothing could exceed the whiteness of the skin, under the hemorrhages which accompanied her disease. It was like the most brilliant marble. The disease was at once diagnosed, and a ligature applied. In a few days the tumor dropped off, and recovery soon followed. The polypus differed from any I have seen either before or since. It was very firm, somewhat rough on its surface, but as white as snow.

CASE VIII.—This had existed between three and four years before it was diagnosed by Dr. ———, of ———, a few miles from town. It had been mistaken for disease of the liver—an organ which has many pathological sins to answer for, which in truth do no more belong to it than to the thymus gland. The skin had got that tawney, yellow, dirty tone of color, which chronic disease, with or without hemorrhage, so often, so generally produces. How strongly does it mark organic, malignant disease, especially in the female! The indications in Mrs. ———'s case were alteratives, astringents and tonics. The most regard would seem to have been paid to the latter, and carriage exercise most insisted upon. This did not, however, at all diminish the flow. The patient *rather thought* it increased it, and I should not wonder if it did. In the absence or illness of this lady's regular attendant, Dr. ——— was called in. He found her exceedingly ill. She was exanguious—emaciated—too feeble to leave her bed. I was desired to meet him in consultation, which I did. The polypus was found reaching almost to the external organs. By the speculum it exhibited a dirty grey hue, and was of a flabby texture. An offensive, thick, dark-colored discharge accompanied the use of the speculum. It was agreed that the ligature should be applied. This was done in a day or two. In about five days the canula came away, *having attached to it the tumor*. The ligature was in place, and as tightly drawn as it could be. The pedicle had separated at its base, about half an inch above the ligature. This is the only instance in which this has occurred, and verifies a remark made by Gooch, that it matters not where is the ligature. All above it dies and is cast off, as is the umbilical cord, no matter how far from the abdomen it has been tied. Case IV. furnishes evidence to the same effect. A practical remark might be hazarded here. Case VII. shows how exceedingly important is manual examination in profuse menstrual periods—and, let me add, during a period; for at such the uterine contractions which accompany the periods often bring a polypus within reach, and the patulous or relaxed state of cervix and os will aid exploration.

Two cases, and but two, have occurred in my experience, in which pain followed the ligature.



CASE IX.—Mrs. ———, married, without children, had suffered long profuse flowing at menstrual periods, and growing very feeble sent for her physician, my friend Dr. Homans. Examination discovered a tumor protruding from the os uteri. I was asked to see Mrs. ———, and confirmed the diagnosis previously made. The tumor was hard, insensible and smooth. It was more flattened than I had found such masses, had a broader base, and resembled somewhat in shape the inverted womb. A ligature was applied, and tightly drawn. This gave pain. It was not severe, and it was agreed not to loosen the ligature, but to wait in order to ascertain if the pain would continue, increase or subside. It gradually became less, and at length entirely went off. The tumor came off in about a week, and the patient soon recovered. As the base was large, no distinct pedicle having been felt, the ligature was probably applied very near to its base, or the womb, and in this way the pressure upon the polypus reached a portion of the womb, or by dragging it produced the pain.

[To be continued.]

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"PUERPERAL FEVER AS A PRIVATE PESTILENCE."\*—A REVIEW.

[Communicated for the Boston Medical and Surgical Journal.]

THIS able and eloquent production is a re-print, with additions, of a pamphlet published in 1843, to prove that puerperal fever is a contagious disease. To our own mind it has proved this point conclusively. Highly favorable opinions were long ago expressed of its ability and of the force of its argument. We quote a few from foreign sources. Copland, in his Dictionary, affirms it to be a "very sensible and able memoir," and quoting it freely, adopts the language of Dr. Holmes, in saying that "the fact of the contagious nature of this malady is completely set at rest by the evidence." Robert Storrs, an English writer upon this subject, whose paper is endorsed in being quoted in the annual report of the English Registrar-General (1843), says, "Dr. Holmes's paper proves, I think indisputably, the contagiousness of this disease." Ramsbotham, in his Midwifery, says of it—"The best paper in any language, with which I am acquainted, written to prove the highly contagious nature of puerperal peritonitis, is by Dr. Oliver Holmes.\*\*\* It is a masterly performance, and well worth perusal by any sceptics on the subject."

Among the believers in the contagiousness of this disease are the following, cited by Dr. Holmes:—"Gordon, John Clarke, Denman, Burns, Young, Haighton, Good, Waller, Blundell, Gooch, Ramsbotham, Douglas, Lee, Ingleby, Locock, Abercrombie, Alison, Travers, Rigby and Watson." The point of discussion we presume to be this: *Is puerperal fever sometimes contagious, and remarkably so?* Nobody believes that exposure is always followed

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\* Puerperal Fever as a Private Pestilence. By Oliver Wendell Holmes, Parkman Professor of Anatomy and Physiology in Harvard University.

by contagion. On the contrary, a puerperal patient is no more likely to contract this disease from an affected patient or from the physician who has attended her, than she is to contract smallpox, if unvaccinated, from similar exposure to that disease. Instances of such escape and exemption are within the knowledge of every physician. Yet a chance of contagion exists; sometimes to an alarming extent. The opinions to which Dr. Holmes has been conducted by the evidence, give rise to such expressions as the following, from his pamphlet:—

"I cannot doubt that most readers will be satisfied and convinced, so loathing, long before they have finished the dark obituary calendar laid before them."

"The number of consecutive cases, in many instances frightful."

"It does appear a singular coincidence, that one man or woman should have ten, twenty, thirty, or seventy cases of this rare disease, following their footsteps with the keenness of a beagle, through the streets and lanes of a crowded city, while the scores that cross the same paths on the same errands know it only by name. It is a series of similar coincidences that has led us to consider the dagger, the musket, and certain innocent-looking white powders, as having some little claim to be regarded as dangerous."

"I have no wish to express any harsh feeling with regard to the painful subject that has come before us. If there are any so far excited by the story of these dreadful events, that they ask for some word of indignant remonstrance, to show that science does not turn the hearts of its followers into ice or stone, let me remind them that such words have been uttered by those who speak with an authority I could not claim.\* It is as a lesson rather than as a reproach that I call up the memory of these irreparable errors and wrongs. No tongue can tell the heart-breaking calamity they have caused; they have closed the eyes just opened upon a new world of love and happiness; they have bowed the strength of manhood into the dust; they have cast the helplessness of infancy into the stranger's arms, or bequeathed it, with less cruelty, the death of its dying parent. There is no tone deep enough for regret, and no voice loud enough for warning. The woman about to become a mother, or with her new-born infant upon her bosom, should be the object of trembling care and sympathy wherever she bears her tender burden, or stretches her aching limbs. The very outcast of the streets has pity upon her sister in degradation, when the seal of promised maternity is impressed upon her. The remorseless vengeance of the law, brought down upon its victim by a machinery as sure as destiny, is arrested in its fall at a word which reveals her transient claim for mercy. The solemn prayer of the liturgy singles out her sorrows from the multiplied trials of life, to plead for her in the hour of peril. God forbid that any member of the profession to which she trusts her life, doubly precious at that eventful period, should hazard it negligently, unadvisedly, or selfishly!"

After this forcible expression of opinion, fully authorized, as we think, by the evidence which constitutes the body of the pamphlet, and to which we shall presently allude, it will be asked whether any contrary opinion is entertained upon this subject. In reply, it may be stated that in a recent work, Prof. Meigs, of the Jefferson School of Pennsylvania, has zealously maintained the non-contagious character of the disease; while Prof. Hodge, of the University of Pennsylvania, has supported the same view in an introductory address to that school of medicine.

"The teachings," says Dr. Holmes, "of the two Professors in the great schools of Philadelphia are sure to be listened to, not only by their immediate pupils, but

\* Dr. Blundell and Dr. Rigby in the works already cited.



by the profession at large. \* \* \* \* \* I ask no personal favor; but I beg to be heard, in behalf of the women whose lives are at stake, until some stronger voice shall plead for them."

"Let the men who mould opinions look to it; if there is any voluntary blindness, any interested oversight, any culpable negligence, even, in such a matter, and the facts shall reach the public ear; the pestilence-carrier of the lying-in chamber must look to God for pardon, for man will never forgive him."

This public teaching of the doctrine of non-contagion is one apparent motive for the present publication. But we think that Dr. Holmes exaggerates the effect of any public announcement of opinion whatever, provided it can be met with such evidence and authority as that presented in this instance upon the other side. It is true that Prof. Meigs says—

"I have, in numerous instances, gone from the bedside of women dying with childbed fever, whether sporadic, or to the most malignant degree epidemic, without making my patients sick. I have also endeavored to assist my brethren, when they had such cases and I had none."

And in another place—"I have long ago decided for myself to go on" doing so. But a part, at least, of the public seem to distrust these opinions of Prof. Meigs; as we infer when he says—

"I have been unceremoniously set aside, after having been for months engaged, even for some who owed me impayable gratitude for the services I had for years rendered them. And this treatment I got, not because I merited it, for I did not merit to be regarded as a private pestilence, nor was I found to be so, in fact, by those who had more good sense, or who could appreciate the feelings with which a physician finds himself to be looked upon as a peripatetic pestilence, or poisoner of women for love of gain, or what is worse, stupidity."

Prof. Meigs, as a representative of the theory of non-contagion, appears to overestimate the value of his negative evidence, especially in the face of the extraordinary array of positive testimony offered in the present case. It is quite possible that, as he affirms, he has never transmitted the disease from one patient to another; but it does not follow that others have been as fortunate. If puerperal fever has followed in the track of any practitioner through a dozen successive labor cases, when it occurred nowhere else in that vicinity, the reasoning faculty will associate these cases with their medical attendant. When this occurs again and again, such an inference is inevitable. But Prof. Meigs has little charity for those who differ from him in opinion. The late Dr. Gooch, "an admirable writer, and most learned man, a most firm believer in the contagion of puerperal fever," is a "*gobe-mouche*" of material to feed his prejudices upon this subject; and the efforts of certain younger, or, as Prof. Meigs designates them, "sophomore writers," are "dreamings, jejune and fizenless"; an expletive we have not found in any human dictionary. Yet Prof. Meigs can speak with force upon the other side. In the following startling picture, the consequences of his theory seem to rise before the imagination of the non-contagionist almost like a nightmare. He says—

"Is contagion a truth? Then, for heaven's sweet sake, I implore you not to lay your poisoned hands upon her who is committed to your science and skill and

charitable goodness, only for her safety and comfort, and not that you should, after collecting fees, soon return her to her friends a putrid corpse. What a horrid idea!"

Horrid, indeed! Let us hope that the most callous obstetrician would recoil from so hideous a way of getting his fees. But the exclamation is more suggestive of the emotions of some tender miss, who furtively musing on the contingencies which may result from the love she hopes to bear her future lord, accidentally peruses Prof. Meigs's statement, and is petrified by his circumstantial revelation of professional practices.

A few cases will give an idea of the general character of the evidence adduced by Dr. Holmes.

"In a letter to be found in the Lond. Med. Gaz. for Jan., 1840, Mr. Robertson, of Manchester, makes the statement which I here give in a somewhat condensed form.

"A midwife delivered a woman on the 4th of December, 1830, who died soon after with the symptoms of puerperal fever. In one month from this date the same midwife delivered thirty women, residing in different parts of an extensive suburb, of which number sixteen caught the disease and all died. These were the only cases which had occurred for a considerable time in Manchester. The other midwives connected with the same charitable institution as the woman already mentioned, are twenty-five in number, and deliver, on an average, ninety women a week, or about three hundred and eighty a month. None of these women had a case of puerperal fever. 'Yet all this time this woman was crossing the other midwives in every direction, scores of the patients of the charity being delivered by them in the very same quarters where her cases of fever were happening.'

"Mr. Robertson remarks, that little more than half the women she delivered during this month took the fever; that on some days all escaped, on others only one or more out of three or four; a circumstance similar to what is seen in other infectious maladies."

And again—

"Dr. Condie called the attention of the College of Physicians of Philadelphia, in 1842, to the prevalence, at that time, of puerperal fever of a peculiarly insidious and malignant character. 'In the practice of one gentleman extensively engaged as an obstetrician, nearly every female he has attended in confinement, during several weeks past, within the above limits' (the southern sections and neighboring districts), 'had been attacked by the fever.'

"An important query presents itself, the doctor observed, in reference to the particular form of fever now prevalent. Is it, namely, capable of being propagated by contagion, and is a physician who has been in attendance upon a case of the disease, warranted in continuing, without interruption, his practice as an obstetrician? Dr. C., although not a believer in the contagious character of many of those affections generally supposed to be propagated in this manner, has nevertheless become convinced by the facts that have fallen under his notice, that the puerperal fever now prevailing is capable of being communicated by contagion. How otherwise can be explained the very curious circumstance of the disease in one district being exclusively confined to the practice of a single physician, a Fellow of this College, extensively engaged in obstetrical practice—while no instance of the disease has occurred in the patients under the care of any other accoucheur practising within the same district; scarcely a female that has been delivered for weeks past has escaped an attack?"

"Dr. Rutter, the practitioner referred to, observed that after the occurrence of a number of cases of the disease in his practice, he had left the city and remained absent for a week, but on returning, no article of clothing he then wore having been used by him before, one of the very first cases of parturition he attended was followed by an attack of the fever, and terminated fatally; he cannot readily, therefore, believe in the transmission of the disease from female to female, in the person or clothes of the physician."



"The meeting at which these remarks were made was held on the 3d of May, 1842. In a letter dated December 20, 1842, addressed to Dr. Meigs, and to be found in the Medical Examiner,\* he speaks of 'those horrible cases of puerperal fever, some of which you did me the favor to see with me during the past summer,' and talks of his experience in the disease, 'now numbering nearly seventy cases, all of which have occurred within less than a twelvemonth past.'"

"A young practitioner, contrary to advice, examined the body of a patient who had died from puerperal fever; there was no epidemic at the time; the case appeared to be purely sporadic. He delivered three other women shortly afterwards; they all died with puerperal fever, the symptoms of which broke out very soon after labor. The patients of his colleague did well, except one, where he assisted to remove some coagula from the uterus; she was attacked in the same manner as those whom he had attended, and died also." The writer in the British and Foreign Medical Review, from whom I quote this statement—and who is no other than Dr. Rigby—adds, 'We trust that this fact alone will forever silence such doubts, and stamp the well-merited epithet of "criminal," as above quoted, upon such attempts.'

"From the cases given by Mr. Ingleby, I select the following. Two gentlemen, after having been engaged in conducting the *post-mortem* examination of a case of puerperal fever, went in the same dress, each respectively, to a case of midwifery. 'The one patient was seized with the rigor about thirty hours afterwards. The other patient was seized with a rigor the third morning after delivery. *One recovered, one died.* One of these same gentlemen attended another woman in the same clothes two days after the autopsy referred to. 'The rigor did not take place until the evening of the fifth day from the first visit. *Result fatal.*' These cases belonged to a series of seven, the first of which was thought to have originated in a case of erysipelas. 'Several cases of a mild character followed the foregoing seven, and their nature being now most unequivocal, my friend declined visiting all midwifery cases for a time, and there was no recurrence of the disease.' These cases occurred in 1833. Five of them proved fatal. Mr. Ingleby gives another series of seven cases which occurred to a practitioner in 1836, the first of which was also attributed to his having opened several erysipelatous abscesses a short time previously.

"At a meeting of the Medical and Chirurgical Society before referred to, Dr. Merriman related an instance occurring in his own practice, which excites a reasonable suspicion that two lives were sacrificed to a still less dangerous experiment. He was at the examination of a case of puerperal fever at 2 o'clock in the afternoon. *He took care not to touch the body.* At 9 o'clock the same evening he attended a woman in labor; she was so nearly delivered that he had scarcely anything to do. The next morning she had severe rigors, and in forty-eight hours she was a corpse. Her infant had erysipelas and died in two days."

The alliance of puerperal fever and erysipelas has been long more than suspected.

"I will only say," says Dr. Holmes, "that the evidence appears to me altogether satisfactory that some most fatal series of puerperal fever have been produced by an infection originating in the matter or effluvia of erysipelas."

A long array of such evidence is offered, much of it in detail, some quoted, some here for the first time given to the public. In the words of Dr. Holmes,

"More than thirty strings of cases, more than two hundred and fifty sufferers from puerperal fever, more than one hundred and thirty deaths, appear as the results of a sparing estimate of such among the facts I have gleaned as could be numerically valued. These facts constitute, we may take it for granted, but a small fraction of those that have actually occurred. The number of them might be greater, but 'tis enough, 'twill serve,' in Mercutio's modest phrase, so far as

\* For January 21, 1843.

frequency is concerned. For a just estimate of the importance of the singular circumstance, it might be proper to consult the languid survivors, the widowed husbands, and the motherless children, as well as 'the unfortunate accoucheur.' "

"I only ask the student to read the facts stated by Dr. Condie, as given in my Essay, and say whether or not a man should allow his wife to be attended by a practitioner, in whose hands 'scarcely a female that has been delivered for weeks past has escaped an attack,' while no instance of the disease has occurred in the patients of any accoucheur practising in the same district. If I understand Dr. Meigs and Dr. Hodge, they would not warn the physician or spare the patient under such circumstances. They would 'go on,' if I understand them, not to seven, or seventy, only, but to seventy times seven, if they could find patients. If this is not what they mean, may we respectfully ask them to state what they do mean, to their next classes, in the name of humanity, if not of science."

When it is remembered that all this evidence is arrayed to support the position, not that puerperal fever is always contagious, but that it is often so, and that it is sometimes contagious in a virulent and alarming degree, and that it calls for great precaution on the part of the practitioner; the question must be considered as settled, definitively. It surely will not excite surprise that new truth should meet with opposition. Such is its frequent experience. We need only recur to the yet recent history of anæsthesia, which neither opposed the daily interests of family practitioners, nor did it conflict with preconceived opinion; and yet, even at this day, with the acclamation of the world in its behalf, it has, if we are well informed, some few opponents, who have continued so consistent from the first as still to maintain a firm and undeviating opposition to its use. We desire to express the full strength of our conviction of the futility of opposition to preponderating evidence. To give it utterance, we could almost avail ourselves of the gratuitous expletive bestowed upon the unfortunate "jeune and sophomore writers" before mentioned. But we entertain only the highest consideration for the distinguished professor of the Philadelphia school, and hesitate to meddle with a rhetorical engine whose latent forces we are wholly unacquainted with.

The following are Dr. Holmes's conclusions. We commend the pamphlet to every physician, as a convincing argument, and a production of distinguished literary ability.

"If any should care to know my own conclusions, they are the following; and in taking the liberty to state them very freely and broadly, I would ask the inquirer to examine them as freely in the light of the evidence which has been laid before him:—

"1. A physician holding himself in readiness to attend cases of midwifery, should never take any active part in the post-mortem examination of cases of puerperal fever.

"2. If a physician is present at such autopsies, he should use thorough ablution, change every article of dress, and allow twenty-four hours or more to elapse before attending to any case of midwifery. It may be well to extend the same caution to cases of simple peritonitis.

"Similar precautions should be taken after the autopsy or surgical treatment of cases of erysipelas, if the physician is obliged to unite such offices with his obstetrical duties, which is in the highest degree inexpedient.

"4. On the occurrence of a single case of puerperal fever in his practice, the physician is bound to consider the next female he attends in labor, unless some



weeks, at least, have elapsed, as in danger of being infected by him, and it is his duty to take every precaution to diminish her risk of disease and death.

"5. If within a short period two cases of puerperal fever happen close to each other, in the practice of the same physician, the disease not existing or prevailing in the neighborhood, he would do wisely to relinquish his obstetrical practice for at least one month, and endeavor to free himself by every available means from any noxious influence he may carry about with him.

"6. The occurrence of three or more closely-connected cases, in the practice of one individual, no others existing in the neighborhood, and no other sufficient cause being alleged for the coincidence, is *prima facie* evidence that he is the vehicle of contagion.

"7. It is the duty of the physician to take every precaution that the disease shall not be introduced by nurses or other assistants, by making proper inquiries concerning them, and giving timely warning of every suspected source of danger.

"8. Whatever indulgence may be granted to those who have heretofore been the ignorant causes of so much misery, the time has come when the existence of a *private pestilence* in the sphere of a single physician should be looked upon not as a misfortune but a crime; and in the knowledge of such occurrences, the duties of the practitioner to his profession, should give way to his paramount obligations to society."

## Hospital Reports.

### MASSACHUSETTS GENERAL HOSPITAL.

[The winter term of service being concluded, the medical department at this Hospital during the spring months will be under the care of Drs. Storer and Shattuck, and the surgical department under the charge of Drs. J. M. Warren and H. G. Clark.]

*Rheumatism of Pelvis.*—(Under Dr. H. I. BOWDITCH. Reported by HENRY K. OLIVER, Jr. House Physician.) Richard N., Irish laborer, unmarried, æt. 33. Nov. 14th, 1854. Patient was transferred from surgical ward. Record made by House Surgeon on entrance, Oct. 19th. "Patient is a man of impenetrable stupidity. A habit of saying 'yes' to every question, renders it difficult to get a connected history of his case. Has always been healthy till 4 months ago, when he met with some kind of accident connected with a horse—a fall, probably. Some three weeks after that, had dull pains about pelvis. Went to Deer Island Hospital, where he was blistered, &c., with relief. After coming from the Island had a relapse, and was worse than ever. Now, some redness observed towards end of sacrum, probably from pressure; perhaps some projection at top of sacrum. Tenderness, on pressure, from middle of small of back to coccyx; also along crest of right ilium, for two or three inches; also in right thigh. Cannot bear weight on legs, but right leg is rather the better. Pain is dull and aching; pulse quiet; bowels much constipated."

"Oct. 21st. Had sunstroke last July, at Dedham, and was brought to Cholera Hospital in this city. Probably had none of those pains before. Can with difficulty get out of bed, and can bear weight only on right leg."

Nov. 15th. Chief trouble is evidently from pain on motion, about pelvis. He indicates both of Poupert's ligaments and the pubic region as the chief seats of trouble. On deep pressure, so as, apparently, to move symphysis, great tenderness. No special tenderness elsewhere. No swelling or redness near symphysis. Pain on outside and upper part of thighs on motion. Can draw up his legs in bed, easily, though sometimes obliged to raise the thighs with his hands. Gets out of bed with much difficulty, dragging, as it were, his pelvis after him—that evidently being the seat of pain. Apply 4 leeches over symphysis pubis. Urine, acid; density, 1,030. A considera-

ble deposit of oxalate of lime, in large crystals, with epithelium and vibrios. Urea in moderate excess. (Dr. J. Bacon.)

19th. Much relieved. Can bear pressure over pubes with considerable ease. Can sneeze without much trouble, which he has not been able to do before. Speaks of pain shooting round to back. Bowels well. Blister over ilium of right side.

21st. Pain in right hip relieved since blister. Last night pain in right elbow and knee. Vini Colchici, Elix. Opii.

Dec. 3d. Has been steadily improving since blister. Now rises from bed with comparative ease, and sits up for a time.

4th. Up; walks around without difficulty as to the pelvis. Some stiffness in knee and back. Still some pain in pelvis on sneezing.

6th and 10th. Pain in elbows, and in right knee, which is slightly reddened but not swollen. Warm douche to the affected parts every other day.

31st. Has steadily improved. Stiffness less. Looks perfectly well. Discharged well.

*Compound Comminuted Fracture of both Feet.*—(Under Dr. H. J. BIGELOW. Reported by CHAS. ELLERY STEDMAN, House Surgeon.) Feb. 24th. Female, unmarried, book pedlar. Fell under cars at Lynn Station, on East. R. R. Wounds dressed by Dr. Puleston, of Lynn, and patient sent by him to Hospital. Left foot; the skin is stripped from little toe, up, behind ankle, and three inches above it. Through this wound the internal structures feel like "a bag of knuckle bones." Right foot; the toes are completely mashed. Dr. H. J. Bigelow having been sent for, decided to amputate immediately, and patient having been etherized the left leg was removed by circular incisions, a little below the middle. Seven arteries tied. Muscles much contused. Right foot was amputated just anterior to tarso-metatarsal articulation, a flap being made from the plantar surface. Three arteries tied.

28th. Both stumps look sloughy. Yeast poultice.

*Compound Fracture of Right Leg.*—(Under the care of Dr. H. J. BIGELOW.)—Truckman, æt. 32. Married. From New Hampshire. Was driving truck heavily laden with wool, when the shaft horse, which he was leading by the head, fell and threw him down also; the shaft crushing his right leg. Oblique compound fracture a little below the middle of tibia; the point of which, denuded of periosteum, protrudes an inch through the integuments; wound  $1\frac{1}{2}$  inch wide. Much hæmorrhage. Arteries at ankle sound; pulse 75. Is an intemperate man. Brandy ʒss. Beef tea. Side splint and fracture box.

28th. Wound sloughy.

*Compound Fracture of Leg.*—(Under the care of Dr. CABOT.) Feb. 24. An Irish woman, æt. 33. Was struck in middle of right leg by the tail of a truck which was backing up against a wall.—A small wound through integuments. Not much displacement. Fracture box and pads.

*Compound Fracture of Thigh—Compound Fracture of Arm—Fracture of Jaw.*—Feb. 27. Irish laborer, æt. 42. Different accounts were given respecting the accident, the man being probably drunk at the time. Says he fell under the connecting rod of a steam engine. The fracture of the thigh is very bad. Dr. Cabot proposed amputation, which the patient re-



fused. Sanborn's splint for thigh. Jaw wired together. Straight splints to arm.

March 1st. Comfortable.

*Fracture of Right Ankle—Compound Fracture of Leg.*—Feb. 27. Irish laborer, æt. 42; intemperate. A bale of hemp fell on him and knocked him down. Small wound just below tuber of tibia, bleeding freely. Oblique fracture of tibia, and dislocation of head of fibula. Hæmorrhage with difficulty repressed. Posterior tibial artery sound. Goodwin's double inclined plane for left leg. Fracture box and pads for right. Beef tea; ale.

28th. Leg looks very much swollen; is tense and painful.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY. BY J. B. ALLEY, M.D., SECRETARY.

THE regular monthly meeting of the Society was held on Saturday evening, Feb. 24th,—the President in the Chair. The Secretary read the Records of the last meeting.

Dr. J. S. JONES exhibited the pharynx, larynx and trachea of a patient who had been long under treatment for syphilitic sore throat, but who had finally died of pneumonia. The parts were studded with extensive ulcerations.

Dr. HODGES exhibited a specimen which he had found in the dissecting room, of a dislocation of the knee backwards. Nothing was known of the history of the case. Dr. H. also exhibited a hand recently amputated by Dr. H. J. Bigelow. Six years previous, the patient had a thecal abscess which caused a singular union of the flexor tendons of the hand. Two years after, he struck his hand violently against some hard substance, and a caries of the carpal bones, involving the heads of the radius and ulna, supervened, which occasioned the removal of the hand.

Dr. BOWDITCH read an interesting letter from Dr. Morris, of Charlestown, containing an account of the sudden appearance of the cholera in the Mass. State Prison during the past summer, and the favorable results of the treatment.\*

Dr. SLADE read an elaborate and interesting paper upon a peculiar morbid condition of the urinary organs, which has not been recognized heretofore by writers upon diseases of that viscus. To M. Caudemont, of Paris, is due the merit of first calling the attention of the profession to it as a distinct disease. Dr. S. described the neck of the bladder as not being limited to the urethro-vesical orifice, as stated by some writers, but as occupying the entire membranous and prostatic portions of the canal, and proved the existence of muscular fibre, surrounding the membranous portion of the urethra, and arranged in such a manner as by their action to diminish and even to close the canal. The symptoms of the disease consist chiefly in the difficulty which attends micturition, and in pain, though the latter is not a necessary accompaniment of contraction of the neck of the bladder. It may be only a slight tickling, or it may be acute and lancinating. There is one peculiar pain, which is eminently characteristic of this disease, and this is felt just at the commencement of micturition, and is due to the forced opening of the contracted muscular fibres. Another method of diagnosis is the

\* This paper is in the hands of the editors for publication in the Journal.

introduction of the catheter, and the instrument best adapted for the purpose is a medium-sized gum-elastic bougie with an olive-shaped button head. The treatment divides itself into medical or surgical, according to the nature of the symptoms. Among the first mentioned are the preparations of iron and the iodide of potassium, with sulphur baths, frictions and douches; and in cases of incontinence of urine in children, much benefit may be derived from the use of belladonna. In the surgical treatment the gradual dilatation of the canal by means of wax bougies is the most successful in its results. Cauterization is much more applicable to those cases depending upon chronic inflammation, and when a gleet discharge is present, than when the contraction depends upon a rheumatic diathesis. The paper closed with a series of cases, illustrative of the disease, and proving the efficacy of the mode of treatment adopted.

Dr. Dix reported the following case of a wound in the eye. The patient was struck obliquely in the eye from above downwards, by a small piece of steel, which perforated the cornea and embedded itself in the iris. Dr. Dix made an incision through the cornea over the piece of steel, and succeeded in removing it. A small quantity of blood flowed from the iris when the substance was removed. It was found, when the wound in the cornea had healed, that the lens was clear, and the iris less adherent to the cornea than before the operation, probably because a coagulum of blood had pushed the iris back from the adhesions consequent upon the original injury. The vision is good.

Dr. E. B. MOORE reported a case which had come under his observation about three years since. The patient was taken very suddenly with labor pains, and the child was born before the arrival of the physician. The attendant informed him that the after-birth had not come away. The physician introduced his hand quickly into the womb, and the woman said that he "pulled as if he were pulling her heart out." The placenta was found in the bed, and the same day Dr. Moore was called in, and found a portion of the neck of the womb protruding at the vulva, and ruptured. The rupture was on the posterior surface of the neck, and appeared to extend into the vagina. Drs. Buck and Storer saw the case in consultation, and verified the diagnosis. The woman finally recovered, and a few days since was delivered of a living child. The labor was normal until the head began to press upon the perineum, when the pains ceased and the head was delivered with the forceps without injury to mother or child. Both are now doing well.

Dr. HODGES alluded to a specimen which he had seen in the cabinet of the Dublin Hospital, where the os uteri was torn completely away in all its circumference, and which was considered one of the most interesting and valuable specimens in the collection.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 8, 1855.

"THE HYDROPATHIC MEDICAL COLLEGE."

WE have received a letter from R. T. Trall, M.D., proprietor of the "Hydropathic and Hygienic Institute" in New York, in allusion to Mr. Barnum's connection with a bill for incorporating a Hydropathic College, which was



the subject of some remarks in our issue of Feb. 22d. In accordance with the writer's suggestion, that "it is but justice to you, to the public, to him, and to us, that the *facts* should be correctly published," we willingly insert the following extracts from the letter, though we do not conceive that the explanation is calculated to raise the promoters of the scheme in the confidence of the public.

"Mr. Barnum's name was used without his consent, and even without his knowledge." \* \* \* \* "We selected some twenty or thirty names from which to select a Board of Trustees, provided the Bill should be reported. Some of these persons we have seen, and obtained their consent; others, being absent at the time, were not consulted. Mr. Barnum was among those who were absent, and hence entirely ignorant of the whole subject. Our agent at Albany presented our application, with all the names proposed, and it happened to please some reporter to select the name of Barnum, without mentioning any other name (Barnum's was *not* the first on the list), and thus entirely mislead you and others."

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#### THE LATE DR. COCHRAN, OF NEW ORLEANS.

WE publish the following note, which is expressive both of respect for professional worth and of the writer's grateful recollection of the deceased. It is the more worthy of insertion, from the fact that the object of the remarks was quite a young man, while the writer is a Nestor in the profession; the former was a resident at the extreme South, the latter lives at nearly the farthest North; Dr. Cochran was of foreign birth, his eulogist is native-born.

"I noticed in a late New Orleans paper, the announcement of the death of Dr. J. C. Cochran, of that city. Possibly you may find a more appropriate notice of the event in a New Orleans Medical Journal, but I am so deeply impressed with a sense of the loss which the profession has sustained in his death, that I cannot refrain from offering a small tribute to his memory. I had no acquaintance with Dr. Cochran, except through mutual friends; and through a professional correspondence, consequent on his medical attendance on a member of my own family, under his care, a few years since, in Natchez. He was a thoroughly educated Irishman; refined, gentlemanly and unassuming in his manners; and ardently wedded to his profession, as a science. The correspondence between us in the case alluded to, amply demonstrated his thorough medical scholarship; his deep and comprehensive knowledge of pathology; and his uncommon tact in diagnosis. His treatment of the case was equally indicative of discrimination and skill, in the successful adaptation of remedies to a very formidable and obscure disease.

I have been told that he was educated in Philadelphia, and he probably commenced practice in Natchez; and subsequently removed to New Orleans. He must have been little more than 30 years old at the time of his death. The profession can ill afford to lose such men from its ranks.

*St. Albans, Vt., Feb., 1855.*

J. L. CHANDLER.

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#### DEATH FROM INHALATION OF CHLORIC ETHER.

AN instance of death following the inhalation of an anæsthetic agent occurred on Tuesday, Feb. 27th, in Lynn, in this State. We shall give a correct account of the case from an authentic source in our next number. In the mean time, the facts as currently reported are as follows: Mrs. Mary Farley, wife of Michael Farley, resident in Lynn, applied to Dr. Addison Davis, for the purpose of having a tooth extracted. At her urgent request, and

against the wishes of Dr. Davis, she inhaled ether. She exhibited no unusual symptoms until he attempted to open her mouth, when he discovered that her jaw was fixed. Every method was resorted to, to restore consciousness, but without effect. She died in about seven or eight minutes. The circumstances were investigated by a coroner's jury, who returned a verdict that "her death was caused by a congestion of the lungs, consequent upon the inhalation of ether, administered by Addison Davis. In returning their verdict, the jury wish to express their sense of approval of the course adopted by Dr. Davis in using every precautionary measure."

### Bibliographical Notices.

*Report of the Board of Trustees of the Massachusetts General Hospital.* Boston. 1855. Pp. 30.

We should like to give a more extended notice of this report than our brief space in the present number will allow. At some future time we shall offer a succinct account of the two departments of the institution, which will, we doubt not, be of some interest to distant readers, and even to many nearer home. Meanwhile we will say that this Hospital is unsurpassed in the arrangements and appliances for the treatment and comfort of the sick; in the order and neatness which prevail throughout it, and in the fidelity and skill of its medical officers. During the last year, a new building has been opened for the reception of cases of an offensive or dangerous character, who might require immediate removal from the vicinity of other patients. Dr. George H. Gay has been appointed one of the surgeons, in place of the late Dr. Samuel Parkman. During the past year there were admitted into the General Hospital 922 patients. Of this number 423 were discharged *well*, 257 *relieved*, 73 *not relieved*, 41 *not treated*, and 115 *died*. The whole number under advice or treatment during the year was 1041. At the McLean Asylum for the Insane there were received during the past year 120 patients, and the same number were discharged—of whom 59 *recovered*; 7 *much improved*; 14 *improved*; 15 *not improved*; 16 *died*.

*Report by the City Registrar of the Births, Marriages and Deaths in the City of Boston for the Year 1854.* Boston. 1855. Pp. 33.

This valuable and interesting document reflects great credit on the industry and ability of Mr. N. A. Apollonio, the City Registrar. We are sorry we have not room for a more extended notice, but as the work will speak for itself, we commend it to the perusal of every medical man who can obtain a copy. We would especially call attention to the remarks under "Mortality of the Year," touching the causes of inaccuracy in the returns of the particulars of deaths.

*Registration of Births, Marriages and Deaths in Massachusetts for the Year ending Dec. 31, 1853.* By EPHRAIM M. WRIGHT, Secretary to the Commonwealth. Boston 1854. Pp. 176.

The Twelfth Registration Report compares favorably with any of its predecessors. When we say that the "Abstracts have been compiled and prepared from the original returns under the active superintendence of Nathaniel B. Shurtleff, M.D., who had charge of the Registration Report of the last year," no farther evidence of its accuracy and of its value is necessary. We are glad to see that much more promptness is observed by the cities and towns in transmitting returns to the Secretary's office. "The present Report contains the accumulated results of more than twelve years; and should, therefore, serve as a fair criterion in America wherefrom to deduce facts relative to vital and mortuary statistics as existing in this country." The Report is an honor to Massachusetts.

*Sanitary Report of the City of Buffalo for the Year 1854.* Buffalo. 1855. Pp. 57.

This document is chiefly composed of a "Cholera Report of the Health Physician," James M. Newman, M.D., an elaborate and well-written paper, comprising a description of the disease as it appeared in that city during the months of July, August and September; an investigation into its causes, and suggestions for the protection of the



city against future epidemics. Appended to the Report is a series of meteorological tables, prepared by Dr. S. B. Hunt, and also an ingenious and interesting "Cholera Chart," showing at a glance the daily progress and locality of the epidemic.

MASSACHUSETTS MEDICAL COLLEGE.—The following is a list of the gentlemen who were examined on the 28th ult., and approved for the medical degree; with the subjects of their dissertations.

John Ellis Blake, A.B., Harvard. *Aneurisms.*

Augustus Porter Chamberlaine, A.B., Harvard. *The General Management of the Patient.*

McLaurin Furber Cooke, A.B., Dartmouth. *Generation and Development.*

Albert Chase Folsom. *Chemical Nature of Disease.*

Nathaniel Everett Gage. *Anæsthesia.*

Nathan Hayward, A.B., Harvard. *The Decomposition of Organic Substances by the action of Fermentation.*

Augustus Choate Hamlin. *Uric Acid.*

Samuel Foster Haven, A.B., Harvard. *Intestinal Obstructions.*

Silas Atherton Holman. *Cholera.*

Anson Parker Hooker, A.B., Harvard. *Injuries of the Head.*

James Metcalf Horne, Jr. *Typhus Fever and Typhoid Fever.*

Samuel Keep. *Typhoid Fever.*

Benjamin Willis Kinsman, A.B., Brown. *Dysentery.*

Joseph Warren Odell, A.B., Dartmouth. *The Management of Natural Labor.*

Henry Kemble Oliver, Jr., A.B., Harvard. *Topical Medication in Diseases of the Throat and Air-passages.*

Calvin Gates Page, A.B., Harvard. *Cholera Asiatica.*

Albert Potter. *Hypertrophy of the Prostate.*

Horace Richardson, A.B., Harvard. *The Evils of Homæopathy.*

Henry Rockwood. *Pseudo-Membranous Croup.*

Leonard Franklin Russell. *Phthisis.*

George McLellan Staples, A.M., Waterville. *Ascites.*

Charles Ellery Stedman, A.B., Harvard. *Loose Cartilages in the Knee-joint.*

George Grenville Tucker. *Epilepsy.*

Adoniram Judson Wakefield. *Biliary Calculi.*

Horatio Hancock Fiske Whittemore, A.B., Harvard. *Scurbutus.*

Frederick Winsor, A.B., Harvard. *The Complications, Sequelæ and Recurrence of Smallpox.*

Franklin Augustus Wood. *Phthisis Pulmonalis.*

Elwell Woodbury. *Pleurisy.*

March 3d, 1855.

J. B. S. JACKSON, Dean of the Med. Faculty.

# NOTICES.

The following communications are received. A new Form of Empiricism; On Innovation; On the Use of Hyposulphite of Soda in Inflammatory Rheumatism; A New Cure for Obstinate Bleeding following the Extraction of a Tooth; Report of a Singular Case of Disease, attended by Peculiar Nervous Symptoms; Laryngeal Phthisis; A Case of Placenta Prævia.

Letters and Reviews of Prof. P. F. Eve upon Dr. R. W. January, by Prof. Philo, O. S. R. Nashville, 1854.—Report of the Pennsylvania Hospital for the Insane, for the year 1854. By Thomas S. Kirkbride, M.D., Physician to the institution. Philadelphia, 1855.—Error of Position, being a Discussion of the Ultra Medical Policy of the American Medical Association, by Prof. Milo, O. S. R. Nashville.—An Essay to Prove the Contagious Character of Malignant Cholera, by Bernard M. Byrne, M.D., U. S. Navy.—Massachusetts Register for 1855, by George Adams.—Compendium of United States Census, from Hon. Charles Sumner.

Under the Heading of Reports of Medical Societies, in our last number, the extracts were erroneously stated to be from the Society for Medical Improvement; it should read from the "Society of Medical Observation." In the last line but four, on page 84, for "actual coats," read aortic coats." Page 87, line 6, for "members of the profession," read "numbers of the profession."

Deaths in Boston for the week ending Saturday noon, March 3d, 78. Males, 38—females, 40.

Asthma, 1—accident, 1—inflammation of the brain, 1—disease of the brain, 1—congestion of the brain, 1—bronchitis, 1—consumption, 16—croup, 4—caries, 1—dysentery, 2—dropsy, 3—dropsy in the head, 1—infantile diseases, 5—puerperal, 1—exposure, 1—typhoid fever, 1—scarlet fever, 1—hooping cough, 2—disease of the heart, 1—inflammation of the lungs, 9—hemorrhage of the lungs, 1—marasmus, 4—measles, 1—old age, 1—premature birth, 1—palsy, 1—pleurisy, 1—scrofula, 1—suicide, 1—smallpox, 2—teething, 2—thrush, 1—scalded, 1—worms, 1—unknown, 5.

Under 5 years, 37—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 10—above 60 years, 9. Born in the United States, 61—British Provinces, 1—Ireland, 15—England, 1.

*Operations at the Mass. General Hospital, Saturday, Feb. 24th.*—Strangulation of small nævus on forehead. Child 1 year old. Dr. H. J. Bigelow.—Strangulation of large nævus in groin. Child 6 months old. Dr. H. J. Bigelow.—Strangulation of nævus of lip. Child one year old. Dr. Cabot.—For hare-lip. Boy 10 months old. Dr. Cabot.—For hare-lip. Boy 4 weeks old. Dr. H. J. Bigelow.—Evulsion of toe-nail. Dr. H. J. Bigelow.—In P.M. Amputation of finger. Amputation of foot. Amputation of leg. Dr. H. J. Bigelow.

*Accidents admitted during the week.*—Compound comminuted fracture of leg. Feb. 19th. Under the care of Dr. H. J. Bigelow. Man æt. 29. Accident happened in Marlborough 6 days before, from fall of a lump of clay weighing 100 lbs. Sent down by railroad; very neatly adjusted by surgeon in M. Both arteries at foot sound. Fracture-box slung on railway over bed. Yeast poultice.

Compound fracture of femur, lower third. Feb. 21st. Under the care of Dr. H. J. Bigelow. Boy æt. 14. Fell from shed 15 feet high, one hour before entrance. Some hæmorrhage. Arteries at foot sound. Desault's splint modified so as to allow wound to be easily dressed.

Luxation of sternal end of clavicle. Feb. 23d. Boy from Farm School, æt. 14. Fell on the beach, he says, "with head turned under him." Figure of 8 bandage. Compress over dislocated end of bone. Arm in sling.

*Massachusetts Medical Society.*—We would state, for the information of members, that Dr. BENJAMIN E. COTTING, of Roxbury, has been chosen Recording Secretary, in place of the late Dr. SAMUEL PARKMAN.

DR. JOSEPH MORRIN, an eminent physician of Quebec, attached to the Marine Hospital, Lunatic Asylum, &c., has recently been elected mayor of that city.

*New Broth for the Sick.*—Dr. Thudicum exhibited to the Medical Society of London, Dec. 9th, a new broth for the sick. To prepare this broth, half a pound of the flesh of a recently-killed animal (beef, or the flesh of a fowl) is chopped fine, and well mixed with a pound and an eighth of distilled water, to which four drops of pure muriatic acid, and from a half to a drachm of common salt, have been added. After an hour the whole is thrown on a common hair sieve, and the fluid is allowed to run off without pressure. The first portion, which is turbid, is poured back, until the fluid runs off quite clear. On to the fleshy residue in the sieve half a pound of distilled water is thrown in small portions. In this way a pound of fluid (cold extract of meat) is obtained, of a red color, and an agreeable taste of broth. The sick are allowed to drink a cupful cold at pleasure. It must not be heated, as it then becomes turbid, and deposits a thick coagulum of animal albumen and hæmatin. The broth possesses great advantages over other preparations of meat, from containing albumen, and being remarkably easy of digestion. —*London Lancet.*

*Medical Periodicals in the United States.*—During the last 7 years many changes have taken place in our periodical medical literature.—There were in 1847, in the United States and the adjacent British Provinces, *eighteen* periodicals devoted to the interests of medicine and its collateral branches. Ours was the nineteenth enterprise of the kind. Of these nineteen, *five* have ceased to exist. Since the Reporter was commenced, *thirty-three* new periodicals have been commenced—nearly five a year. Of these, *fourteen*, or two a year, have been discontinued. During the last seven years, therefore, as many Journals have been discontinued as were in existence at the commencement of that period, and the number now in existence equals those that have been commenced in that time. There are also four re-prints of foreign medical works, making in all *thirty-seven* periodicals now existing in this country, devoted to the interests of medicine!—*N. J. Med. Reporter.*

*Poison of the Rattlesnake.*—There is good reason for the belief that its action is the same upon all living things, vegetables as well as animals. It is even just as fatal to the snake itself as to other animals, for Dr. Deering informed me that one of his specimens, after being irritated and annoyed in its cage, in moving suddenly, accidentally struck one of its fangs into its own body: it soon rolled over and died. Here, then, we have the remarkable and perhaps unique fact, of a liquid secreted directly from the blood which proves deadly when introduced into the very source (the blood) from which it is derived.—Dr. BURKETT, in the *Pharmaceutical Journal.*



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ACCOUNT OF THE CHOLERAIC EPIDEMIC AT THE MASSACHUSETTS  
STATE PRISON IN JULY, 1854.

[We are allowed to publish the following interesting letter, from Dr. Wm. B. Morris, Physician to the Massachusetts State Prison, to Dr. Bowditch, which was read at a meeting of the Suffolk District Medical Society, held February 24th.]

*Charlestown, January 21, 1855.*

DEAR DOCTOR,—Agreeably to the request you made in conversation last evening, I proceed to give you an account of the choleraic sickness at the State Prison last July. I must repeat, however, what I then said, that owing to incessant occupation in prescribing for the sick as they were attacked, and the fatigue consequent thereupon, I was unable to make such notes of special cases as are usually required for a medical report, and can but give you the general facts and main features of that epidemic. Before proceeding to the subject, however, I would remark, as a singular fact, that when the cholera prevailed here in 1832, the *first* cases occurred in the Prison, then under the medical charge of Dr. Wm. J. Walker. Sixty convicts were severely attacked in one night, all of whom recovered. A report of this sickness was published at the time by Dr. Walker.

At midnight, July 27th, I was called to attend Peter York, a colored convict, who had been in solitary confinement for nearly seven years. On arriving at the Prison, I found him with a feeble pulse, cool skin, cramps of the abdomen and extremities, purging and vomiting. Thinking it an ordinary case of cholera morbus, I prescribed the usual remedies, and as soon as relief was afforded, returned home. I had scarcely gotten into bed when I was again called; and before reaching the Prison a second time, four new cases had occurred in different parts of the institution. The attacks became from this time so frequent that I was obliged to remain constantly in the hospital, which soon became crowded with patients. During the whole of the 28th, the succeeding night and following day, new cases continued to occur, so that in forty-eight hours from the commencement of the epidemic 205 convicts had been more or less severely attacked. Let me say here that I con-

sider this an important fact as regards the *cause* of the sickness, for if, as has been asserted, it originated from the food eaten on the 27th, why should so many cases have manifested their first symptoms on the 29th, more than forty-eight hours afterwards, an entire change of diet having occurred in the mean time? The symptoms varied in intensity in different cases, but in all were characterized, to a greater or less degree, by lividity of the lips and surface of the body, cold extremities, painful cramps, vomiting and purging. In a few instances, also, there was suppression of urine.

The treatment adopted was to cover the patient immediately with blankets, apply bottles of hot water to the feet, mustard to the abdomen and extremities, frictions with salt and capsicum, and to administer  $\frac{3}{4}$  j. of the following mixture, which was repeated immediately if vomited or if the purging continued, viz.: *R.* Acidi nitrici diluti,  $\frac{3}{4}$  ij.; tr. opii,  $\frac{3}{4}$  j.; tr. capsici,  $\frac{3}{4}$  vij.; ess. zingiber (Brown's),  $\frac{3}{4}$  iiss.; mist. camphor.,  $\frac{3}{4}$  ij. *M.* In most cases, this speedily checked the diarrhœa and vomiting, and induced reaction, attended with warmth of skin, increased pulse, headache and more or less pain in the small of the back; followed, generally, by copious sweating. At this stage of the disease, excessive *thirst* became the most distressing symptom; and so urgent was the desire for drink, that one convict, watching his opportunity, seized upon a *pot de chambre* containing water, and immediately drained it of its contents. For fear of inducing a return of diarrhœa, no liquid was allowed, except a *single swallow* of tea to each man once in two hours. As I told you last evening, not one case proved fatal. A few were confined to the hospital for several days, by debility and gastric irritability, but by August 9th the last man had been discharged.

The *causes* of this sudden outbreak are, to my mind, wholly conjectural. The report that it depended upon diseased beef is entirely without foundation. *No beef had been given at all.* The ration on the 27th consisted of "dun fish" (Mr. Mason and myself examined the lot from which they were taken, and found them to be of the best quality), rice and bread. On the next day there was an entire change of food. I have forgotten now what the diet for that day was, though I have it somewhere among my papers. Yet notwithstanding this change, 86 new cases occurred. There was a very sudden change of temperature on the evening of the 27th, from excessively hot to uncomfortably cool weather. I suffered so much in going to the Prison to visit York, that I borrowed an overcoat to wear home. This change of temperature, together with the fact that cholera was prevailing at the time, has always inclined me to believe that atmospheric causes played an important part in the production of this sickness.

While on this subject, I should like to give a concise account of two other cases which have come under my care in the Prison. They were both cases of well-marked Asiatic cholera; but I regret



to say that my notes of Griffin's case have been mislaid, so that I shall have to speak of it from memory.

CASE I.—July 17, 1854, 9½ A.M., was sent for to visit John Driscoll, a convict. Patient is a strong, healthy-looking Irishman, 22 years of age. Found him in bed in the hospital. He says he got up well this morning, and took his breakfast (hash and brown bread) as usual; but soon afterwards was seized with vomiting, for which he was sent to the hospital about half an hour ago. His pulse is natural, tongue slightly coated, skin cool, no diarrhœa, no pains in limbs or abdomen, and in fact says that nothing is the matter with him except that he has *vomited his breakfast*. At the time of my visit, he appeared but slightly indisposed, and in reply to my questions, reported himself to be in good health, except the vomiting just mentioned, by which he expressed himself greatly relieved. I ordered mustard to epigastrium, lime water ʒ ss., gruel for diet, and to remain quiet in bed.

On the 18th July, at 5¾ A.M., patient said he felt better; but to my astonishment, I found him entirely pulseless, extremities cold to knees and elbows, countenance livid; had passed his fæces in bed during the night, and said he had suffered some pain in legs and arms at that time. Urine suppressed. Mind sluggish. I ordered strong infusion of ginger with ʒj. tr. capsic. to be given at once. This was soon rejected. Opened veins in both arms, but only succeeded in getting a very small quantity of black, tarry blood. Friction with salt and capsicum, mustard to extremities, and stimulants, were freely used, but had no effect in restoring the pulse or warmth to the extremities. As everything taken into the stomach was rejected almost immediately, by the advice of Dr. Mason tr. capsicum, in doses of ʒj. largely diluted, was administered by enema. Three of these were given and retained. At 3¼ P.M. (he had gradually become more and more collapsed), he vomited a quantity of dark, grumous liquid. At this time I ordered strong coffee as a stimulant, and left, with directions to continue the use of brandy until death, or some signs of a returning pulse. About half an hour after taking the coffee, he is said to have perspired freely, but the pulse still remained imperceptible, and he died at 9, P.M.

CASE II.—Stephen Griffin, æt. about 28, was seized in his cell, on the night of the 16th August, with excruciating cramps, vomiting, and such severe purging that he “thought he should run himself entirely away.” At 7, A.M., on the 17th, he was admitted into the hospital, but was not seen by me until 9¾ A.M. I found him then *entirely* pulseless, with *cold* and shrivelled extremities, severe cramps, livid countenance and husky voice. The evacuations were examined and found to be the true rice-colored discharges. I gave ʒj. of brandy, with ʒj. tr. capsic., which was vomited almost immediately; frictions with salt and capsicum had already been resorted to, and were ordered to be continued. Remembering the uselessness of stimulants in Driscoll's case and all others I had seen in this stage of the disease,

and feeling sure the patient must die, I determined to adopt the calomel treatment, and accordingly ordered three grains to be given at once, and repeated every thirty minutes until further orders. Patient continued in the same condition until 11, A.M., when the pulse became faintly perceptible. It grew gradually stronger and stronger, till at 2, P.M., I ordered the calomel to be suspended. The cramps still continued, though not so severe or so frequent as before. At 3, P.M., I gave a vapor bath (made by slacking lime in the bed,) which increased the pulse to 80 and rendered it stronger. At 3½, P.M., the cramps ceased. At 4 o'clock, repeated the vapor bath, under the influence of which the pulse rose to 100, and the skin became bathed in perspiration. From this period the patient rapidly convalesced, and has remained well up to the present time.

I have thus, my dear doctor, given you a very meagre, though correct account of the sickness we spoke of last Saturday night. A second reading of this letter reveals many imperfections of style, &c., which should be corrected; but if the facts here stated are deemed worthy of being made known to any medical society, you can communicate them in any form you think proper.

Very respectfully and truly yours, WM. BOWEN MORRIS.

#### DR. CHANNING ON POLYPUS OF THE WOMB.

[Concluded from page 95.]

CASE X.—This was referred to when reporting two cases of labor which happened at the same time. Mrs. ——— observed the menstrual periods increasing in quantity without any special cause, unless it were her occupation of standing at the counter of her shop many hours each day, and for some time. This last fact led her to think that her trouble did not depend upon her daily business, which induced her to call on me for advice. I prescribed, directed her to favor herself in regard to fatigue, not to stand so much, and if she did not get better, to call on me again soon. Some time passed before I saw or heard from her again; and examination now discovered a polypus quite low in the vagina—a tumor cylindrical in shape, and insensible. Its length was unusual at this my first examination, and it is noted because at no subsequent time was it felt so low. It evidently had receded. Dr. Putnam was present when I applied the ligature. It was carried up to the os, and there fixed, and tightly drawn. Some uneasiness followed at once, and a pain of some severity was complained of in the right groin, above Poupart's ligament, extending into the iliac fossa. As she had felt similar pains in the same spots, and she thinking it would soon disappear, the ligature was left in place, and we departed. I had been at home but a short time when I was suddenly called to my patient. I found her in great distress. She was cold—the pulse scarcely perceptible—retching—and in her agony imploring relief. The ligature was at once loosened and removed.



This was followed by partial relief, which in no long time became perfect. I had been present in three cases of chronic inversion of the womb, and for the cure of which the ligature had been used. In all of these precisely the same symptoms in kind and in degree existed, as characterized Mrs. ———'s case. I had no doubt of the accuracy of the diagnosis. I felt certain it was polypus. As its shape was cylindrical, and its base probably broad, it was possible that the ligature trenched upon, if it did not include, a portion of the womb. A few days after, the ligature was again used, and lower down than in the first effort. Not the slightest trouble ensued, and on the fourth day the canulæ and tumor were cast off. How different was this from the cases of inversion. Every time the ligature was tightened, so much pain occurred that opium, ether, or loosening it, became necessary, to prevent wider and graver trouble. The shock to the nervous system declared itself every time the ligature was drawn, and this until the tumor was ready to drop off. The mass was so thick and dense that attempts to strangulate it were futile, and the only safety was in adopting pressure to tolerance. And this course was successful.

CASE XI.—This came under my care a few weeks ago. Mrs. ———, 41 years of age, of Providence, R. I. Her first and only child is 22 years old. Mrs. ——— dates her trouble nine years ago. It began with excessive flowing at her menstrual periods. In its progress pain was felt in the pelvis—a bearing-down pain. As the disease increased, motion became more and more embarrassed, and sitting was accompanied with a sense of pressure upward, as if the diseased part, whatever it might be, came down when erect, and was reached by pressure when the sitting posture was assumed. At a later period, and when the patient had ascertained that the pelvis was filled with a tumor, a new difficulty arose. The blood accumulated above and around the mass in consequence of its coagulation, and produced an intolerable sense of pressure. The only remedy for this was its forcible removal, which the patient accomplished, at least to a degree to produce some relief. Physicians were consulted. One recently made an examination, and pronounced it *inversio uteri*, and declined doing anything. Another was consulted, who from the rational signs said it was not inversion, but polypus. He made no special examination. Another regarded it as an obscure disease, and treated it for its symptoms. It has been attempted to get a more detailed account of a case which for so many years has truly afflicted this patient. But the attempt has failed. Physicians have been called when some pressing symptom occurred. Disease has been tolerated, because no improvement, or at all permanent good, has been derived from any plan adopted. The patient has slowly but surely grown worse, with little hope of ever being better. Mr. ——— called on me and gave the above facts, and asked if it seemed to me that anything might be done to afford relief. An opinion was given that the disease was most probably polypus of the womb; and if so, I saw no

reason why it might not be remedied. He desired me to come to Providence at an early day, and to examine the case, and do what I might think best. I requested him to engage a physician to meet me—as his family physician was absent—under whose care the patient might be placed after the operation. My friend Dr. Putnam, who has kindly assisted me in almost every operation I have performed, agreed to go with me. We reached the address, and were soon joined by Dr. L. L. Miller, of Providence, than whom a better selection could not have been made. Mrs. ——— was in bed, very much agitated by our visit and its purpose. She was pale—exanguinous—the face full, œdematous. Pulse rapid, small—chilly. Examination discovered a large firm tumor filling the vagina, and making the operation very painful. The upper boundary of the tumor was reached, and was found so near to the cul-de-sac as to make it very difficult to pass a finger between them. As this line or face of the tumor was nearly horizontal, and broad, a very imperfect notion was obtained of the size of the pedicle, or of the condition of the os uteri. It was clear that the pedicle was not large—not more, probably, than an inch in diameter. Drs. Miller and Putnam came to pretty much the same conclusion. Very little blood was lost in the examination, consisting mainly of shreddy black coagula, which had probably been retained about the tumor for some time. What other discharge occurred was of a pale pink-colored serum, or water. A ligature was passed round the pedicle with Gooch's canulæ, and was drawn as tight as circumstances allowed. From the description of the tumor it will be perceived that more than usual force was required to bring the noose in close and strong contact with the pedicle. There was not the least difficulty in any step of the operation. Dr. Miller suggested a method of fastening the ligature after drawing it, which answered admirably. It was to pass one end through one of the rings at the shoulder of one of the canulæ, and to fasten it there by tying it; and then to draw the loop round the pedicle by drawing tightly the other and loose end of the ligature first passed through the ring of the other shoulder. In this way all chance of slipping is avoided, and the subsequent daily drawing of the ligature is made just half easier, and twice as effectual, than by the common method. Some pain accompanied the tightening the ligature. It was slight, and soon became less, when we left. A few days after, the following communication was made to me in a letter from Dr. Miller:—

“On visiting Mrs. ——— the next day, she had passed a comfortable night, with a little pain in the lower limbs, none in the abdomen. Tightened the ligature half an inch. Sunday, much as yesterday. Tightened half an inch. Monday, has chills and headache; pulse accelerated; no special pain or soreness in abdomen. Gave her morphine. Tightened quarter of an inch. Tuesday, nausea; thirst; pulse as yesterday. Speaks of general debility. Ligature does not render. Wednesday, less headache; other symptoms



less. Ligature came off, and the tumor was removed with as little mutilation as possible. Mrs. ——— is comfortable.”\*

As I was to hear if any untoward symptom occurred in this case, and as I have heard of none, I feel at liberty to place it among the successful cases. It dates from 1846. At least at that time its symptoms were so strongly declared as to attract the attention of the patient. They steadily increased till January, 1855, and had already become grave enough to produce alarm. Does not such a case teach the paramount duty of the medical attendant to make such an examination as will settle a question in which the patient has the deepest interest?

CASE XII.—The patient was a single lady of about 50, and for some time had had symptoms of polypus. An examination was made, and a polypous tumor discovered. I applied a ligature, and in about a week the tumor came off. The recovery was rapid, and without subsequent accident.

CASE XIII.—I was desired to see this case in consultation, in consequence of severe and frequently-recurring uterine hemorrhages. For the most part they occurred at the menstrual periods, and as pain frequently accompanied them, and much coagulated blood was discharged, they were sometimes regarded as abortions. When I reached the address, the attending physician said to me that the hemorrhage had nearly ceased, and suggested that it might be better to wait till it was quite over, when an examination might be made. I at once assented to this proposition, and did not again see the patient till some time after, when I applied a ligature to a polypus which had been discovered. The operation was perfectly successful.

There is a polypoid out-growth from the os uteri, of which a number have come under my notice, which is less likely to be discovered than the preceding. And for this reason they are not always accompanied by hemorrhage. It would be more correct to say they are very rarely accompanied by it. I have met with but two such, while many have had none at all. This symptom has in common polypus occurred during menstruation. These tumors are for the most part small—little more than filling, or moderately distending the os uteri; sometimes growing from one of the lips. Their color is deep red; their tissue soft, easily broken down, looking as if they would bleed with slight handling. They are painless. Sometimes enlargement and hardness of the cervix are present, and ulceration. This last I have not seen strongly marked. Along with these characteristics of the out-growths themselves, we have symptoms incident to other uterine conditions, whether of displacement, or functional or organic lesion. Thus we see retroversion and anteversion, rarely simple prolapse. I have seen the os

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\* I received with the above the tumor itself, and it was found to measure ten inches in circumference and five inches in length. It was not weighed. It had shrunk since the application of the ligature, and had softened, so as to differ much in respect to size from its dimensions when first examined, on the day of the operation.

turned so strongly towards the sacrum as to prevent the tumor being seen, the anterior lip being also morbidly elongated and bent back. In this Case there was large menorrhagia with hemorrhage, and such was the attending pain that abortion was so exactly imitated as to lead to the opinion that abortion actually took place. In another Case the polypoid was large, and hemorrhage severe. It had existed a good while before it was discovered. In this a ligature was applied with entire success. In a third Case the tumor has returned after removal by caustic. It was broken down and twisted off the second time, the result of which I have not learned. In a fourth Case the tumor was very large, for one of this kind, arising from a broad base. This was accompanied by ulceration. It was removed by caustic, as was the ulcer, and the organ restored to perfect health. I have not met with a case in which I so much feared malignant disease, which has more completely recovered. There was complicated with it an out-growth from the meatus urinaris of a more painful kind; while the rectum and anus were studded with insensible, small tumors, which were removed by ligature or scissors. In a fifth Case the tumor was smaller. There was ulceration, but very slight menstruation. The general health, as in most similar cases, was perfectly good. Pregnancy had not occurred, and this was the fact in other instances. One had only one child. The tumor in the fifth Case was removed by ligature, argent. nit. being applied immediately after. Ulceration followed, which did not yield till several months after.

## REMARKS.

*Polypus is not a malignant disease.* I have a confused remembrance of a case of supposed polypus which ended fatally, and I think by peritonitis. This patient had a most unpromising appearance, was exceedingly ill, and the ligature was applied to an out-growth from the womb to which was ascribed her almost hopeless condition. In a case of out-growth *from* the os uteri, not *through* it, which was very large, irregular, sensitive, and attended with a watery discharge, at the earnest entreaty of the patient I applied a ligature. I have never met with an instance of such intense desire to live. Mrs. ——— was willing to submit to anything which promised her any chance of lengthened life. "I have," said she, "consulted many physicians. They have all refused to do anything for me. Can you—are you willing—have you the heart?"—her very words—"to do an operation to lengthen life, which operation may itself be fatal?" I was leaning upon the footboard of her bedstead, when she made to me this appeal. I shall never forget the expression of her eye, of her whole face, while she was speaking. I said I felt equal to my professional obligations—that I should not shrink from what duty demanded. An examination followed, and the extent and character of the disease ascertained, as above described. A ligature was applied, Dr. Putnam aiding me. It was tightly drawn. "Have you pain?" "Do not ask,



only go on, and do all which is demanded," was the quick answer. Mrs. ——— became easy, and the next day the ligature was again drawn, and again with intense pain, and again and again was it done. One morning as I entered the chamber I saw her suddenly put something under the bed-clothes, looking at the same time very animated and pleased. I asked the cause. She showed me the canulæ, which had come off, and which she was rubbing when I entered. She had made them perfectly bright. I asked how they came off, as I left them the day before firmly fixed. "In turning suddenly in bed, the instrument got entangled among the clothes, and in too much haste I disengaged and tore it at the same time from the tumor." "Where is the tumor?" "Nothing," she said, "had come away but a few shreds with the string." Upon examination, no tumor could be discovered. The vagina was perfectly empty. A small conical or thumb-shaped body was felt at the farthest part of the vagina, springing from the womb, and from which the ligature had been torn. Everywhere else smooth soft tissue could alone be detected. It seemed hardly possible that in so few days a tumor so large, so solid, broken as it was by deep sulci into strange shapes, could have been gathered as into one mass, and all of it so completely removed except the small portion just mentioned. It was not possible to get a ligature round this. Injections were directed, which it was hoped might have repressed its growth. Cauterization, actual and potential, had not then taken its place, whether for weal or for woe, as an every-day routinery, in the hands of everybody, however skilful or however the opposite. Mrs. ——— rose from her bed, left her chamber, her house, the town. She felt well, and visited distant places and friends. For some time there was no evidence of a return of the tumor. I was again called to see her. The tumor had returned—filled the vagina again—the system had yielded to its power, and she who had with such moral force done so much to live, was now willing to die, and death soon came to end a weary and suffering life. "This was not polypus." Certainly not, Sir. In some of its features it resembled cauliflower excrescence; but that disease, as far as I have seen it, has been insensible, and this was very sensible. But it entirely disappeared under the use of the ligature, except the small point from which the string was torn. It returned. This is true of cauliflower excrescence; and it was fatal, as is that. I have placed it here for diagnosis. The result will not deter me from repeating the same operation, with such subsequent measures as may make permanent what seems a cure.

Does polypus recur? Two instances have been given in which it did recur. Gooch says it does not return—but that what remains is absorbed or thrown off in a solid or semi-liquid way. This is true; and it is also true that the tumor *does not return in the same spot from which one has been removed*. But it may appear elsewhere. The examination of Dr. Stevens's case after death is conclusive on this point. I know no instance of a more important examination,

so far as the determination of a pathological fact is concerned. The places from which *two* tumors had sprung were clearly visible, and a third tumor had already begun its growth at quite a distant point from these. It was in miniature, but its likeness to others was perfect. Dr. J. Mason Warren has met with a recurrence of polypus in the same patient. I feel very much obliged to this eminent surgeon for the following facts concerning that case. "The patient was 34 years old, unmarried. The disease commenced by hemorrhage after a fall against a stone step, which confined her to bed for some months. An examination was made, and a polypous tumor was discovered projecting from the os uteri. At the time of the operation she was so exhausted by the loss of blood as to make it unsafe to place her in an erect posture. After the application of the ligature her recovery was rapid, and she remained well for four years, to the time you saw her with me—or rather until six months previously to the recurrence of the same symptoms as before—namely, hemorrhage at the menstrual periods, severe pains, and bearing-down sensations in the back and loins, and which seemed to indicate a return of the disease. The last operation I believe produced a radical cure. At least I suppose so, as I have not heard from the patient since."

I have made a division of polypi into *concealed*, and *extra-uterine*. I think this is an important division. Gooch mentions a case in which more than two years passed of hemorrhage and pain before the disease declared itself at all—at least only by the womb being *larger* than natural. At length violent uterine contractions occurred, and a tumor filling the vagina was forced out of the womb. A most accomplished practitioner had made examinations, but never discovered a tumor. I am at this moment in consultation with a physician in Ohio, before referred to, concerning a case nearly resembling some cases described in this paper, and particularly Gooch's. I have advised ergot at the catamenial period, which may aid in settling the diagnosis—especially as there is *bearing-down* pain during the periods. Ergot here can do no harm. On the contrary, it often tends directly to check uterine and other hemorrhages.

*Pain on drawing the ligature.*—In two cases pain was complained of. In a third it was stated to be present after it was inquired about. In only one was it alarming—so severe as to lead to loosening and removing the ligature. I allude to this subject again, because of its practical bearings. In two cases, which pretty recently occurred in neighboring cities, polypus was complicated with inverted womb—in fact, produced the inversion. The ligature was applied as for simple polypus. Most severe pain followed. The ligature was loosened, but not removed. At length one of the tumors dropped off. In the other Case, the operation was completed by the knife. The patients did well. In the cases of pain following the ligature in this paper, no inversion existed. In the most serious one, a second application of the ligature was successful.

24 Bulfinch St., Boston, February 20, 1855.



## INNOVATION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I perceive that a bill has passed the Legislature of the State of Michigan, establishing a professorship of the Theory and Practice of the Homœopathic system of medicine; and the journal that publishes this piece of information seems to rejoice over this specimen of what it is pleased to term “legislative liberality.” This professorship has been established, as I learn, in a regular college of medicine, which should be a matter of regret, rather than of rejoicing. An innovation of this character is to be deplored, and the judgment and conduct of any legislature which would thus break in upon the established professorships of a medical school, are deserving of great censure. If such an innovation is tolerated, who can place the bounds of stopping? What arguments can be adduced in favor of instituting, in our regular medical colleges, a chair of homœopathy, that will not apply with equal force to the Thomsonian, botanic, cold water, or any other system of quackery among us? If homœopathy is true, allopathy is false; and so, *vice versa*: the two systems have no more affinity for each other, than the most opposite ingredients have for chemical affinity; and why should an institution, through legislative enactments, be compelled to receive and apparently cherish a system opposed to that which it was instituted to teach, and for which it cannot possibly entertain the slightest sympathy? The homœopaths have their schools, their societies, &c.; why not confine their teachings and their efforts to the places where they legitimately belong? Such a course would certainly be more honorable, not to say consistent with their professions.

When people lose their confidence in the allopathic system of medicine, as understood and practised by our regularly-educated physicians, then they will abandon it and perhaps take to homœopathy, or some other system; but because there are those who believe in the system of *infinitesimal doses*, and desire the spread of that system, I protest against making a regular college of medicine, or a regular society of physicians, the tools for spreading that which is repulsive to their better judgment. If the system is true, it will stand upon its own merits, if it possess any. Allopathy asks not the aid of homœopathy to sustain it; it stands, as it has stood for ages, upon the immovable basis of its own worth and usefulness. I hail with delight, Messrs. Editors, everything in the way of improvement, and would gladly ingraft such upon the parent stem; but quackery of every species I most sincerely deprecate, and trust that the profession will guard carefully its own ancient landmarks.

Yours respectfully,

Boston, March, 1855.

B. G. H.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

JAN. 22.—*Pain of Paroxysmal Nature in the great Toe of a Child.*—Dr. COALE related the following case. B. S., æt. 11. Generally healthy. Was seized with a pain in ball of great toe on Sunday. Dr. C. saw him on Monday—found a deep-red streak around the joint. Pain intermittent (not remittent); at times very violent and agonizing, and accompanied by high fever. Urine scanty—furnishing large reddish deposit. Purged him—no benefit. Put him upon wine of colchicum. On Friday the violence of the symptoms had abated. Saturday morning, discovered fluctuation—lanced it just below the upper joint, and gave exit to a quantity of healthy pus. Was this simple inflammation and suppuration, or had it anything of gout in its nature? The total cessation of pain and fever, and the sudden accession of these, would induce the supposition that it was not purely phlegmonous. Cullen speaks of suppuration in gout, and Dr. Coale has already related a very marked and severe case of gout terminating in suppuration. (See Trans., vol. 1st, p. 145.)

Dr. J. B. S. JACKSON referred to an instance which occurred in Waltham, Mass. There was inflammation about various large joints, and finally abscess. The patient, a young boy, sank, after a time, from exhaustion by pain and suppuration. On dissection, pus was found beneath the periosteum; the epiphyses of several bones had become detached. Dr. J. also mentioned the case of a lad at the Hospital, many years since, under the care of Dr. James Jackson; the character of the affection was rheumatic; subsequently, suppuration occurred in one joint.

Dr. TOWNSEND, Jr. saw a case, last summer, in a child. There was great pain; the symptoms were nearly the same as in Dr. Coale's case, but all terminated in decided disease of the bone; one leg was attacked, and one toe of the opposite foot.

FEB. 12.—*Molluscum.*—Dr. BETHUNE exhibited the patient, and gave an account of the case. Ellen D——, 10 years old. At first a tumor appeared on right lower eye-lid, seemingly adherent to the skin; a milky fluid exuded at its apex. Tumor conical, of the size of a small marble, whitish; showing two or three dilated vessels; painless; its summit encrusted with dry, brown secretion. A similar appearance (smaller) at the right angle of the mouth; apparently drying up. A lotion of sulphate of copper, gr. ij. to the ℥j. was applied.

To-day (12th) diminution of tumor; greenish deposit from the copper observed at the apex. Her father reports that she had, in addition to the above, two similar tumors—one larger than the present, at the central edge of the upper right eyelid; the other at the outer part of the lower left lid. A slight scar shows the site of the latter. The tumor at the angle of the mouth has nearly disappeared.

FEB. 12.—*Puerperal Convulsions.*—Dr. CHARLES E. WARE reported the case. They occurred in a young woman 22 years of age, 7½ months pregnant with her first child. She was a woman of nervous temperament, but had enjoyed good health during her pregnancy. Sunday, Feb. 4th, she made a very hearty meal of roast mutton and baked beans. At supper she eat very heartily of guava jelly. At 9 o'clock in the evening she was attacked with nausea and vomiting. At 3 o'clock in the morning, without any premonitory symptoms of labor, she was seized with violent pain at



the epigastrium, and in the back of the neck, which was speedily followed by a convulsion. For three weeks previous she had occasionally complained of a similar pain in the back of the neck. Dr. W. saw her at 4 A.M., just as she was recovering from a second convulsion. She had some return of consciousness and intelligence after the first convulsion; but not after any of those that followed, except as indicated by her actions to show that she was in suffering. When Dr. Ware first saw her, her countenance was bloated, livid and mottled; no paralysis. Pulse 120, feeble and fluctuating. Skin cold. By the vagina, the os uteri was felt high up, somewhat patulous. The cervix long. Nothing that indicated approaching labor, except that as she recovered from the convulsion she began to toss about as if in pain, like a person in the early stage of labor; but without giving any satisfactory indications by her movements as to where the pain was, nor could distinct contractions of the uterus be perceived by the touch upon the abdomen, nor in the vagina. Sinapisms were applied to her extremities, and 30 drops of elix. opii given in an injection. After this she had more rest, and the longest interval between two convulsions that occurred at any time before or afterwards; nearly two hours. She then had another, when about ten oz. of blood were taken from the arm. She continued from this time to have convulsions at intervals of from a quarter of an hour to an hour, accompanied by the same phenomena. In the middle of the afternoon she began to be distinctly yellow, and at about 4 o'clock had four convulsions in very rapid succession. Her pulse, which in the forenoon had been 120, had become 140, and very fluctuating in force. There was no paralysis, and no signs of labor. At 6 o'clock, the os uteri remained as in the morning. There having been no urine voided during the day, although there was no indication of any in the bladder, the catheter was passed. About a couple of ounces of urine were drawn off, highly albuminous. At five minutes before 8, during a convulsion, a dead child was born, without there having been any other signs of action in the uterus, than what might have occurred unobserved during the time of the convulsions. She seemed to rally a little after the child was born, but there was no return of consciousness. At a quarter before 9, P.M., another convulsion occurred, after which she immediately failed, and died in a few minutes. She had 21 convulsions in all. They were of short duration, but very violent. There was great distortion of the face at the time, but no paralysis left by it. There was no frothing at the mouth. Attempts were made to produce an action of the bowels by calomel, oil of turpentine and injections, but without success.

*Autopsy*, the following day. The body was somewhat rigid, and the skin quite yellow. On removing the dura mater there were no unusual appearances except a moderate, rather turbid effusion under the arachnoid. On slicing the left hemisphere, posteriorly and exteriorly, just under the convolutions, there was a marked yellowness observed, with slight softening like that which indicates the neighborhood of an apoplectic effusion; but on the most careful examination, no such lesion was any where discovered. The spot was about half an inch in diameter, and similar spots were observed on the right side. There were no other indications of disease in the brain, or in any other organ. The uterus presented the aspect usually seen immediately after labor.

### Bibliographical Notices.

*Report of the Sanitary Commission on the Epidemic Yellow Fever of 1853; Published by Authority of the City Council of New Orleans.*—By Doctors BARTON, AXSON, McNEIL, RIDDELL and SIMONDS.

This large volume (pp. 542) has just been placed in the hands of one of the present Editors, not with the design of its being noticed in the Journal, for, at the time of sending it, Dr. Barton did not know of the change which has taken place. Moreover, the "Report" has already been twice referred to in the Journal (January 3d and 10th, 1855).

We do not propose to go into a deliberate review of the book:—our limits forbid us,—nor, in view of its local importance, does it require to be brought elaborately before the Profession here. As a work of laborious research, of extended and reliable testimony, and, to all appearance, of the most zealous and honest endeavor after truth, we heartily commend it to the inspection of all who would learn facts in reference to Yellow Fever, even if they never expect to cope with the disease. Two hundred and eleven pages are devoted to giving the "testimony" of various physicians; then follows a "Sanitary Map;" and next, the body of the work, the Report by Dr. Barton, to whom was allotted, as appears in the "Special Instructions of the Sanitary Commission," the most comprehensive and consequently the most laborious and difficult part of the task. The other gentlemen, Drs. Axson, McNeil, Riddell and Simonds, have, so far as we have examined their portions of the book, performed their duties most thoroughly and well. Nor do we, as yet, perceive throughout the work, more than one instance of dissentience of opinion, and that is upon the point of the *originating* of the fever in New Orleans; Drs. Riddell and Simonds "denying the positive certainty" thereof, "alleged in the Introduction" (p. xi.).

We have already said that our space will not allow us to examine in detail all the portions, or indeed any of them, of this voluminous work. If the charts and meteorological tables be not a proof of great and long-continued industry, we know not what would be so considered. We presume Dr. Barton was honest in his belief that these examinations and results would contribute essentially to the solution of various questions relating to the objects of the "Report;" and we do not doubt that this is the case. Surely a man must be extremely foolish who would consume valuable time in collecting and tabulating these data, for no other purpose than to see them in print. We firmly believe that atmospheric causes, the state of the dew-point, and every hygrometric condition, have a powerful effect upon disease. We have long been aware of Dr. Barton's industry in amassing these materials; and although we know that many have looked slightly upon his efforts, we think they will yet, perforce, confess their value.

Dr. Barton has the boldness to tell the authorities of New Orleans the whole truth about their city, and both they and all the inhabitants should thank him and his associates for the information and the facts contained in this volume. If one half, only, be true, it is an invaluable gift to make to the city. Locally, we are inexperienced in all that has been brought to light by the Commission; but the extended research and entire devotion to their duties which are manifested, command our admiration. It is surprising how any man, amid many other pressing and responsible demands upon his time, could effect so much. As to vouching for the accuracy and worth of the statements and facts embodied in the "Report," it is sufficient that it is



"published by authority of the City Council of New Orleans;" of course they would not *authorize* the issue of false, or even doubtful, matter. Let the book be examined by those who are interested, even remotely, in knowing facts in reference to the devastating disease of which it treats.

We find, much to our regret, a long, and certainly a most vituperative, article upon Dr. Barton's *special* Report, in the "New Orleans Medical and Surgical Journal" for January, 1855. In justice to Dr. Barton, whom we know personally and whose private character and professional abilities we hold in the highest esteem, we wish to say a few words in reference to this review. To the honor of the Profession be it said, that it is but rarely its members write so bitterly against their brethren. Certainly nothing but personal enmity or the strongest professional jealousy could ever lead a critic so far to forget the merest courtesy. "M. Morton Dowler, M.D." (thus is this critique (?) signed), from the first to the last of his paper, administers, with more or less of intensity, the blows of his lash chiefly by the extremest personal allusions, and often by the pettiest fault-finding. The reports of the other gentlemen receive Dr. Dowler's concentrated praise, somewhat hurriedly, though heartily,—he being in haste to get at Dr. Barton again. To follow him twice through his raving sentences were to inflict too much on ourselves, nor should we presume so to insult our readers. Had Dr. Dowler no other design than merely to expose errors or to elicit truth, a far different style and feeling would have pervaded his review. Our greatest surprise is that the Editor, Bennet Dowler, M.D., should ever have allowed space for such an article, even from a name-sake. Really it savors something more of the "*crocodile*" than does anything we have yet met with, coupled with the name of Dowler.

Of the impracticable nature of Dr. Barton's proposed sanitary measures by reason of their expensiveness, we are no judges. His reviewer may be quite right there; but none the less is Dr. Barton entitled to praise for so thorough an investigation of his subject, and for the valuable information he has accumulated and presented. If all which he advises for the better ordering of the cleanliness and sanitary reform of the city be not, at once, possible, why not gradually and continuously do it, as means are supplied? What, at any rate, should prevent a beginning being made?

There are very many points in the Report upon which we could dwell with the most favorable comment. In some portions we are willing to concede that it is open to criticism. What work is not? An enlightened and generous charity accepts the mass of good, gratefully, and passes by the weaker points. It is only malice, or private pique that has its ends to compass, which takes up the contemptible trade of picking small flaws and looking for small spots. In conclusion, we will do an act of justice to Dr. Barton by catching his reviewer in his own trap; it is paltry business, we know, hunting such game, but the *exposé* is too good to be left out.

Most of page 533, of the N. O. Journal above referred to, is taken up with the alleged errors in grammar *et aliter*, said to be made by Dr. Barton. We have taken the pains to examine these, categorically, "Report" in one hand, "Review" in the other—and the following is the result, which any one can verify at will. *Nineteen* grammatical errors are designated. Of these we do not hesitate to pronounce *four* no errors at all; in regard to *two* or *three* others, authorities might differ—we regard the expressions entirely warranted by usage; in *one* instance, neither Dr. Barton nor his reviewer is correct; in *four* quotations of the pages of the Report, the figures are wrongly given, so that it required some patience and searching to find

the passage denoted ; in yet another case, the critic is so obviously wrong, that he is absurd in his stricture ; in another, he quotes in letters what is given in numerals, and he cites the sum incorrectly (page 406 Report)—the *rest* of that criticism is correct ; in one instance the critic criticises himself, as it were, i. e. he finds fault with Dr. Barton for constructing a sentence in the very way in which, previously, he indicts him for *not* so constructing it (vide *Report*, pp. 429 and 435, sentences commencing “Pure water,” and “High civilization ;” *Review*, p. 533).

We will further specify only one or two of these accusations ; and, first, a more blundering criticism, to say the least, could hardly be made, than the following ; it would look wilful, were it not so stupid. On page 399 (Reviewer says 400) of his Report, Dr. Barton writes, “And from the various public institutions, mentioned in another page, was procured the localization of 14,680” (i. e. cases). Dr. Dowler garbles this into an error by quoting it thus, “‘From various public institutions *was* procured 14,680 cases’—*were*.” The reviewer can hardly deny twisting this sentence most egregiously :—the word “localization,” in Dr. Barton’s sentence, is left out in the reviewer’s, and the word “cases” added, changing the whole sense. One more, although this is enough to show the spirit of the critic :—On p. 400 (Barton), is this sentence : “I wish I could add the proportions of the already acclimated, in each, also, but that was impossible.”—Reviewer :—“‘The proportions \* \* \* *was* impossible’—*were*.” It being very clear to the merest tyro in grammatical construction, that the verb *to add*, here very properly understood, is nominative. as a noun, to “*was*,”—the reviewer’s “*were*” only serves again to expose his wilful distortion of the sentence, to say nothing of the omission of the very part which essentially shows its proper formation originally. There certainly *are* errors of this sort in the Report, but they are comparatively very few, and the reviewer is peculiarly unfortunate in his attempt at setting them forth. “Those who live in glass houses should not throw stones.” If there are no greater faults to be found with Dr. Barton than most of his reviewer’s accusations constitute, we congratulate him upon the meagreness of the budget.

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*Report of the Pennsylvania Hospital for the Insane, for the year 1854.*  
Philadelphia, 1855.

This Hospital, under the superintendence of THOMAS S. KIRKBRIDE, M.D., contained an average of 229 patients during the past year ; 178 have been admitted, and 190 discharged or died, of whom 98 were *cured* ; 32 *much improved* ; 19 *improved* ; 15 *stationary* ; 26 *died*. The building is heated by steam, which appears to give great satisfaction.

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*Error of Position, being a discussion of the ultra medical Position of the American Medical Association.* By Professor MILO, O. S. R., of Triune College, Hopewell. Nashville, 1854.

This is an abusive and scurrilous attack on the Medical Profession of America, illustrated by an indecent engraving. The few who can wade through its pages will be disgusted with it.

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*Letters and Review of Prof. P. F. Eve upon Dr. R. W. January.* By Professor MILO, O. S. R., of Triune College, Hopewell. Nashville, 1855.

From the similarity of name we should suppose this pamphlet to be written by the author of the last, and the surmise is confirmed by a glance at the contents. It is an attack on Dr. Eve ; but the language and the sen-



timents are such as to do that eminent physician no harm in the estimation of respectable and decent persons.

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*Massachusetts Register for 1855.* Boston. Published by George Adams.

We recommend every one who wishes to save himself much trouble, to procure a copy of this valuable work, compiled by the indefatigable Mr. Adams. It will be found useful to our profession, as well as to any other—as in addition to other information, it contains a complete list of the medical practitioners of the State, arranged according to counties, with their residences, the irregulars being distinguished from the others. The residences of the Boston physicians are also given.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 15, 1855.

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### FIRST COMMENCEMENT OF THE MASSACHUSETTS MEDICAL COLLEGE.

THE first Commencement of the Medical Department of Harvard University, known as the Massachusetts Medical College, was held in the college building, North Grove st., on the 7th inst. The Commencements of the medical department have hitherto been held at Cambridge, in July, and have made a part of the general commencement exercises of the University. Such, however, has become the importance of this department of the Institution, that it has been thought wise by the government to establish for it a distinct Commencement, and the exercises, to which we allude, were the first in accordance with the new provisions. We think the change is a wise one, and will contribute to the influence and prosperity of the Massachusetts Medical College. If there were any, who doubted the expediency of the change, their doubts must have been removed by witnessing the exercises of the 7th inst.

The lecture room of Prof. Cooke was arranged for the ceremonies of the occasion. It was filled, to its utmost capacity, by an audience composed not only of the medical gentlemen of Boston and its vicinity, but of many other individuals, who were interested in the exercises of the day. Upon the stage, on the right and left of the venerable President of the University, were members of the Corporation, and of the Board of Overseers. Among them we noticed the Governor of the Commonwealth, Ex-Governor Clifford, the Hon. Abbott Lawrence, the Hon. Robert C. Winthrop, Dr. John C. Warren, Dr. Jacob Bigelow, the Mayor of Boston, and others. The exercises were opened with prayer by the President. Dissertations on various medical subjects were then read by half a dozen young gentlemen of the graduating class. The degrees were next conferred upon the candidates by the President, in the usual and impressive form, which is consecrated by the ancient usage of the University. After the degrees were conferred, a valedictory address was delivered by Prof. Storer. This concluded the exercises of the day. The dissertations were of a high order of merit. They evinced careful study and research, and were delivered with great propriety and excellence of manner. Prof. Storer's address was a fervent and eloquent production, delivered with earnestness and feeling. He cordially welcomed the graduating class to the ranks of the profession they had adopted, and accompanied his welcome with words of cheerful encourage-

ment, and sober warning, and timely advice. We should be glad to enrich our pages with a report of this address, but the little space at our command forbids it. It closed with a merited and graceful tribute to the character and attainments of Dr. Jacob Bigelow, the retiring Professor of *Materia Medica*. Prof. Storer was listened to with deep attention, and his remarks elicited deserved applause.

As already stated, we are pleased with the change, which gives to the Massachusetts Medical College a Commencement, separate from that of the University. We rejoice in it, not only because it affords to the Medical College a public day peculiar to itself, and thus brings it distinctly before the community, but because it shadows forth the prominent position which the medical department has attained, and the more prominent one which it is destined hereafter to reach; because it is an indication, that even conservative Harvard acknowledges, and sympathises with the progressive spirit of the age; and because it is a declaration, that the medical department is determined not to be left in the back-ground by any other department of the University, nor to be excelled by any Medical Institution in the country.

#### DEATH FROM THE INHALATION OF CHLORIC ETHER.

IN our last number we gave a brief account of a case in Lynn, in which fatal effects followed the inhalation of chloric ether employed to produce insensibility to pain during the extraction of a tooth. The evidence before the coroner's jury showed that the dentist advised the patient against inhaling the ether for so slight an operation, and did not administer it until he inquired whether she had symptoms of disease of the heart or of the lungs. Every possible effort appears to have been made to restore the patient, the moment alarming symptoms appeared, and the jury very properly acquitted Dr. Davis of all blame.

While we wholly coincide with the justice of this verdict, we enter our protest against the use of chloric ether and chloroform by inhalation, since we possess in sulphuric ether an agent which experience has hitherto shown to be perfectly safe. We believe that no instance has ever occurred in which death has been caused by the inhalation of sulphuric ether, although it is employed daily by multitudes in this country; while scarcely a steamer arrives from Europe without bringing news of one or more deaths from chloroform. The most careful measures are taken to prevent accidents, the most active means are employed to restore the patient when they occur, and yet the number of deaths is quite startling. It is true, there are some inconveniences attending the use of sulphuric ether; its odor is disagreeable to many, and its immediate effects are often unpleasant to the patient; but surely inconveniences ought not to be allowed to sway the balance when life and death are concerned.

The following note from Dr. Davis, in reply to some inquiries made by the Senior Surgeon to the Massachusetts General Hospital, will be read with much interest.

Lynn, March 2, 1855.

"DEAR SIR,—In reply to your note just received, I would say that on the occasion alluded to I used *Concentrated Chloric Ether*, obtained through one of our apothecaries, from *Weeks & Potter*, 154 Washington St., Boston. You can ascertain from them just what the article is. I used it for just what it purports to be. I have used chloric ether only, for six years, three or four times a week on an average, with uniform success until this last case. In this case only very slight anæsthesia was desired or attempted. No particularly alarming symptom occurred until after the sponge was entirely removed from the mouth. The patient did not die in the operating chair, as some of your papers



have it, but lived some five or six minutes at least, during which time she was extended upon the floor of the reception room under an open window.

Any further information you may desire on this subject I will with pleasure freely communicate.

Yours truly, ADDISON DAVIS.

*Citrate of Magnesia in Solution.*—This elegant preparation, first placed in the hands of the profession in this city by Mr. S. H. Woods, 51 Tremont street, has received the entire approval of a large number of physicians for its gentle, painless, and very efficient action. It is used both as a laxative and purge, with the most satisfactory results. Within a week we have tried it upon a patient much troubled by constipation, and, in its full dose, found it quite as effectual as several of the more usual, but far less agreeable, preparations—while the half dose produced very perceptible action. Its taste is like that of lemonade; extremely grateful to the palate and particularly suited to warm weather. We heartily recommend it to the profession and the community.

*Medical Miscellany.*—We are happy to announce the appointment of Calvin G. Page, M.D., 69 Myrtle street, Boston, as Dispensary Physician to Ward No. 5.—Dr. Bennet Dowler, late editor of the New Orleans Medical and Surgical Journal, having closed his connection with that periodical, is about to become the editor and publisher of a new work, called the New Orleans Quarterly Journal of Medicine.—Dr. Jacob Bigelow, of this city, was recommended by a committee as a candidate for corresponding fellowship of the New York Academy of Medicine, at its last meeting.—Dr. John Watson has been elected orator of the New York Academy of Medicine for the present year.—Dr. W. E. Johnston, of New York, has been elected, for the third time, President of the American Medical Society in Paris.—The first volume of Roux' Forty Years of Practice, has just been issued from the press.—At the late Commencement in Yale College, ten candidates received the degree of M.D. Dr. W. N. Bennett, of Bridgeport, delivered the annual address.—The Commencement of the Starling Medical College, Columbus, Ohio, took place on the 6th inst. Annual address by Dr. J. V. Dorsey.—In the Crosby Street Medical College, New York, 182 students were matriculated the last winter session; in the University Medical College, 307. In Jefferson Medical College, Philadelphia, 562; Pennsylvania University, 350.—It is said that 1100 or 1200 dead bodies of newly-born infants are annually picked up in the streets, squares and parks of London.

#### NOTICES.

Reports of a Case of Prolapsus of the Iris, and a Fatal Case of Vomiting following Parturition, have come to hand since our last issue. Quite a number of papers from Correspondents, already acknowledged, are on hand, awaiting space for insertion. Those of Drs. Cartwright and Skilton will be inserted next week.

We need hardly call attention to Dr. Channing's valuable paper on Polypus of the Womb, the concluding portion of which appears in our present number. There are few men who have met with twenty-two cases of this disease, or who have operated on sixteen. We are happy to announce that the article will be published separately, in a pamphlet form.

The following Books and Pamphlets have been received:—Report of the Board of Managers of the Missouri State Lunatic Asylum. Jefferson City, 1855. Pp. 48.—Fourth Biennial Report of the Trustees of the Illinois State Hospital for the Insane. Jacksonville, December, 1854. Pp. 51.—Anniversary Discourse before the New York Academy of Medicine. By John H. Griscom, M.D. New York, 1855. Pp. 58.—Report of a Trial for alleged Mal-practice against Dixi Crosby, M.D., Professor of Surgery, &c., in Dartmouth Medical College. Woodstock, 1854. Copies of this Report are for sale at this office.—Sixth Annual Report of the Female Medical Education Society. Boston, 1855.

DIED—At Jamaica Plain (Roxbury), on the 12th inst., William T. Parker, M.D., formerly of Bradford, Mass., and more recently of South Boston, 37.—At Lafayette, Md., Feb. 23d, Dr. Elizur Deming, aged 56, a native of Great Barrington, Mass.

*Deaths in Boston* for the week ending Saturday noon, March 10, 33. Males, 31—females, 52. Accidents, 4—apoplexy, 2—disease of the bowels, 1—congestion of the brain, 1—burned, 2—bronchitis, 1—consumption, 19—convulsions, 1—croup, 4—cancer, 1—dropsy, 2—dropsy in the head, 3—drowned, 1—debility, 1—infantile diseases, 2—puerperal, 1—typhoid fever, 3—scarlet fever, 3—hooping cough, 2—disease of the heart, 3—influenza, 1—inflammation of the lungs, 7—old age, 3—peritonitis, 1—palsy, 1—pleurisy, 1—rheumatism, 2—scrofula, 1—smallpox, 3—teething, 2—unknown, 2.

Under 5 years, 25—between 5 and 20 years, 6—between 20 and 40 years, 28—between 40 and 60 years, 14—above 60 years, 10. Born in the United States, 58—Ireland, 20—England, 1—Scotland, 1—British Provinces, 1—Sweden, 1—Germany, 1.

*Massachusetts College of Pharmacy.*—The annual meeting of this institution was held at the rooms in Phillips Place, on Monday, March 5th. The officers elected for the ensuing year are Daniel Henchman, President; S. M. Coleord and J. T. Brown, Vice Presidents; Thomas Hollis, Corresponding Secretary; Henry W. Lincoln, Secretary; T. Larkin Turner, Auditor. The Trustees elected were Henry D. Fowle, Charles H. Atwood, George W. Parmenter, Augustus P. Melzar, John Buck, James S. Melvin, Robert R. Kent, Albert G. Wilbor.

The doings of the Board of Trustees for the past year were read and approved, reports were received from the various committees, and other usual business of an annual meeting transacted. The new and beautiful certificate of membership was ready for distribution to the members, intended to be put in a conspicuous place in their dispensary stores as a guarantee of *professional qualification* to the medical profession and the public. The College have also published, the past year, a uniform scale of prices. Its affairs seem to be in a very prosperous condition; and having the confidence of the medical profession, it bids fair to wield a powerful influence, increasing in usefulness and professional advancement. City physicians favorable to the College would do well to write their prescriptions upon paper furnished them by any of its members *gratis*, with the names of their dispensers printed upon it.

*New York Academy of Medicine—Prize Essay.*—The undersigned, a committee appointed by the New York Academy of Medicine, hereby give notice that a prize of ONE HUNDRED DOLLARS will be awarded to the author of the best essay on the subject of *Cholera Infantum*.

Each communication must be accompanied by a sealed packet, containing the name of the author, which will be opened only in the case of the successful competitors. Unsuccessful communications will be returned, on application, after April 1st, 1856.

Communications must be addressed (post-paid) to the Chairman of the Committee, Dr. Joseph M. Smith, No. 11 East 17th street, New York.

JOSEPH M. SMITH, M.D.  
ISAAC WOOD, M.D.  
H. D. BULKLEY, M.D.  
JOHN W. CORSON, M.D.  
S. S. PURPLE, M.D.

*New York, Feb. 23d, 1855.*

*New York University.*—The Graduating Exercises of the Medical Department of this Institution were held at the Chapel of the University on the evening of the 7th ult., in the presence of a large audience composed of ladies and gentlemen. Prof. W. H. Van Buren delivered an elegant address to the class, and Chancellor Ferris conferred the degree of Doctor of Medicine upon 106 gentlemen.

*New York Academy of Medicine.*—This Society has completed its new organization, whereby the members are divided into Sections, each section comprising some department of Medicine, and each presided over by a Chairman.

*The Action of Copaiva Balsam.*—Dr. Roquette, of Nantes, believes that copaiva only acts as a curative agent, in affections of the urino-genital organs, by means of the peculiar qualities which it imparts to the urine, and that it is useless in inflammations of those portions of the genital mucous membrane which do not come in contact with the urine during its passage. He considers it, therefore, to be of no utility in balanitis, vaginitis, uterine catarrh, epididymitis, blennorrhagic ophthalmia, etc.; unless, in these affections, the patients do not object to take copaiva, in order to have copaiviferous urine to use as an injection, which would be no advantage, seeing they can be cured by other means more prompt and simple, and less disagreeable. As it has been satisfactorily proved, that when copaiva is tolerated, it is eliminated from the system almost exclusively by the kidneys, and that consequently it is present in large quantity in the urine,—Dr. Roquette considers, that when we administer this remedy, we should endeavor to prevent diarrhoea, vomiting, nausea, etc., as much as possible, in order that the remedy may solely leave the economy through the kidneys.—*L'Union Med.*, 14th and 18th Dec. 1854.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LII.

THURSDAY, MARCH 22, 1855.

No. 7.

## CASE OF MEMBRANOUS CROUP—TRACHEOTOMY.—RECOVERY.

[Communicated for the Boston Medical and Surgical Journal.]

GEORGE GARDNER, aged 6 years, of French Canadian parents, was attacked with croup December 11, 1854. He had been troubled with cough, more or less constantly, from birth, and hooping cough with lung disease some two years since brought him into a state of great emaciation and much danger. For this recent affection (croup), domestic remedies of moderate power were resorted to during the 11th and 12th of December. On the morning of the 13th, the symptoms having become very alarming, Dr. Adams was called to see him. He instituted the ordinary treatment during that day and the 14th, viz., calomel, emetics, nauseants, and, finally, the probang moistened with solutio. argent. nitrat. to the fauces. On the latter evening I was desired to see him, with his physician, who had despaired of success by the ordinary treatment, and wished tracheotomy might be at once performed. The following symptoms indicated his condition. Extreme dyspnœa, as if from obstruction of the glottis, respiration stridulous, cough shrill and brazen, the pulse, excited but not wanting in strength. The fauces slightly reddened, no aphthæ. On a physical examination there appeared no affection of the lungs, bronchi or other organs. From the great efforts required to keep up the respiration, there was much doubt of his surviving till morning. Gave large doses of calomel, powerful emetic doses of turpeth mineral, syrup scill. comp. and infusion of senega, and awaited the return of daylight.

December 15th.—This morning the respiration is a little less difficult. The countenance slightly improved. The emetics have operated thoroughly. The pulse weaker.

3, P.M.—The dyspnœa is extreme, threatening instant suffocation. The pulse more rapid and weaker. No signs of congestion of the lungs. Indulging no hope from the continuance of treatment, and the parents assenting, I immediately opened the trachea, assisted by Dr. Adams and J. Augustus Skelton, cutting the rings of the trachea from the cricoid cartilage downward. The false membrane was immediately blown out of the orifice, in length  $1\frac{3}{4}$  inches. A portion of it was in the form of a tube; the longer

part had been slit open by the bistoury in the operation. The little patient exhibited much fortitude, though from the necessary position of the head and neck, the danger of suffocation became very imminent. After the removal of the membrane, and a dense mass of reddish-brown mucus, the relief was sudden and surprising. The ordinary, flattened silver cannula with a broad shield was introduced, and ordered to be frequently moistened with water, by means of a feather, and if necessary removed and another inserted.

10, P.M.—The breathing is more difficult, probably from accumulation of mucus, which is very dense, viscid, and of the same reddish color. We directed repeated doses of calomel, antimony and morphine. Coughing is frequent; and dislodging portions of mucus, they are brought to the orifice of the tube, and their removal demands constant attention. He at such times is threatened with suffocation. Occasionally air enters by the side of the cannula, and thus adds somewhat to our hope and his chance.

16th, 9, A.M.—The dyspnoea is increased, the cannula having remained in, all night, and is obstructed by dried mucus. On removing, cleansing and replacing it, but little or no relief is obtained. Continue the treatment.

4, P.M.—Sent for in great haste; the tube having been partially withdrawn, suffocation seemed inevitable. The mucus very viscid, of a cream color, increases in quantity. Frequently portions appear at the orifice of the tube and are removed. He coughs often—but merely through the cannula.

9, P.M.—Symptoms and treatment the same.

17th, 9, A.M.—His countenance has improved. During the night, at some time, the cannula becoming unfastened, was blown out and re-placed, and once exchanged. The mucus blown through the tube by the cough has been very troublesome, requiring constant attention. After again exchanging the tube, two or three masses of a muco-purulent character were ejected, and his respiration became quite relieved, the countenance assuming the appearance of health.

18th, 9, A.M.—The symptoms were flattering last evening, and are so to-day; the expectorated matter is still abundant, but thinner, less tenacious, more purulent. The tube is exchanged by the father two or three times a-day.

19th, 9, A.M.—He is found sitting at the table, eating toast. He slept well, he breathes well, and is playful. Is to use *infus. senega*, omitting the previous treatment.

4, P.M.—On removing the tube and partially closing the wound, he has voice, but still breathes with difficulty. The matter is thin, and yet the cannula is two or three times a-day much clogged by its drying within it,

23d.—The expectoration is diminishing, and when he coughs the material is sometimes thrown from the tube to the distance of six or eight feet. He vexes the children around him by ejecting it upon them in sport. Almost from the first, after drinking water a



part of it is thrown from the canula by the cough which is always produced thereby. Other fluids, swallowed, are not thus ejected. There is no fever, appetite good, has eaten five small chickens, plays about the room.

25th.—Yesterday the weather, from intense cold, with dry air, became mild and damp. From playing near the window he has taken cold. Feverish, with loss of appetite; respiration more laborious. The cough croupy. The expectoration more tenacious and abundant. We prescribe calomel and antimony several times a-day.

30th.—He has slowly improved. Appears now as on the 23d. The wound is rapidly cicatrizing, and it is becoming difficult to replace the flattened tube, which for some four or five days has been left to our charge. From the irregularity of the cicatrization and the want of adaptation of the external to the internal part of the wound, and also from the variation of the swelling, &c., of the parts, it has been found necessary to provide cylindrical tubes, of a different curvature, and the shield of a different dip. Much difficulty and some alarming circumstances are likely thereby to be obviated. We are to introduce a clean tube twice a-day—for in fourteen hours the tube is nearly filled with dried mucus and with pus. For some time, a solution of nit. argent., 18 grs. to the oz. of water, has been daily applied to the fauces, by means of the sponge probang. A little cup-like vessel of tin, suspended beneath the wound, and holding a slice of sponge moistened with water, contributes to prevent the induration of the mucus, &c.

January 9, 1855.—We have used internally a solution of iod. potassii for some eight or ten days. We this day conclude the case by removing the canula. Eight days since it was accidentally dislodged, and occasioned some inflammation and swelling; also some increase of the expectoration and dyspnoea. Hence we have delayed, till now, the closing of the wound. Still, for most of the period, he has been playful, singing and talking. Respiration still husky and speaking laborious, uttering his words hastily as if from shortness of breath. The cough neither croupy nor rough. Respiration, on removing the tube and closing the wound, is free and easy, though a little husky. For the past ten days he has occasionally thrown tough mucus through the glottis. His appetite, now good, has failed but twice since the operation. The loss of flesh quite sensible, but not great. The expectoration now slight.

13th.—I make my last regular visit; the wound has cicatrized.

17th.—I find him feverish, doubtless from a new cold.

21st.—The cicatrix is firm. He is well. The voice is a little wanting in clearness, the relaxation about the glottis not being perfectly removed.

The following circumstances contributed to render this case a favorable, and I may say proper, one for the operation of tracheotomy.

1. The age of the patient.

2. Two days without treatment rendered the production of the false membrane certain.

3. Two or three days of active treatment gave no sign of the breaking up of the disease.

4. The operation was only delayed till a conviction was arrived at, that the ordinary treatment would fail, which in this case did not require a time which might itself lessen his chance by inducing congestion. This may be obvious from the facts above remarked.

5. The lungs and bronchi were manifestly healthy at the time of the operation.

AVERY I. SKELTON.

*Troy, N. Y., March, 1855.*

#### A NEW CURE FOR OBSTINATE BLEEDING FOLLOWING THE EXTRACTION OF A TOOTH.

BY SAMUEL A. CARTWRIGHT, M.D., NEW ORLEANS, LATE OF NATCHEZ.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING had two interesting cases—one last week and the other last month—of obstinate and protracted bleeding, threatening life, following the extraction of a tooth, continuing three days with occasional intermissions, and having succeeded promptly in arresting the hemorrhage, after the usual remedies in able hands had failed, the author is reminded of a duty he owes the profession, of making known a practice, which for many years he has found to be almost instantaneously effectual in such cases. It is simply a common amputating tourniquet applied over the head obliquely—the pad placed on the outside of the cheek over the bleeding gum, and the screw over the pad—a pledget of raw cotton, and nothing else, being previously inserted, without force, into the bleeding cavity. As soon as the screw is brought to bear on the pad, resting on the outside of the cheek, the hemorrhage instantly stops.

The case last week occurred in a delicate young lady, the daughter of a country physician who brought her to town and stopped at the house of another physician, an old practitioner of the city. A few days afterwards one of our most popular, learned and expert dentists extracted a bicuspid tooth for the young lady. The cavity soon began to bleed quite profusely, and continued to bleed at intervals from Friday until last Monday, notwithstanding tight plugging and various styptics, including the application of chloroform to the socket by means of plugs saturated with that substance—an idea probably suggested by Kendrick's cotton pledget dipped in anhydrous alcohol. The chloroform arrested the bleeding for half an hour or so, but it broke out worse than ever. The dentist and the writer of this article were sent for at the same time. As the former had but a short time before seen the patient, and having again and again tried to arrest the bleeding, without anything more than temporary success, he sent a French dentist in his place. The



author arrived a little while before the Frenchman, and finding the whole house alarmed and the young lady bleeding profusely, proceeded immediately to apply the tourniquet. A plug had been pressed into the cavity very tightly, which gave the patient much pain, and the jaw was so sore that it could not bear the least touch without pain. The plug was removed, and a little cotton loosely inserted into the cavity. The lip was drawn over it, the pad applied over the lip, the screw over the pad, and the strap over the head and under the chin. A few turns of the screw were made, when the Frenchman entered the room in haste, and seeing the blood, immediately began to prepare for cauterizing the cavity and forcing a plug, to fit it, into the very bottom. The patient shook with fear at the sight of the instruments, which looked like those that had given her so much pain. The author told her to fear nothing—the bleeding had stopped and would not return. The Frenchman could not understand why lateral pressure on the outside of the cheek should have any effect in arresting the hemorrhage, and, from the quantity of fresh blood about, supposed that it was still going on—not knowing that the tourniquet had just that moment been applied. Nor could the author make him exactly understand the rationale of the process. The bleeding was arrested on the same principle that uterine hemorrhage is, by making the bleeding cavity contract. The yielding parietes of the alveolar process, which had been expanded by the extraction of the tooth, and still more expanded by the forcible insertion of tightly-fitting plugs, no sooner felt the lateral pressure of the screw, than they contracted, and that contraction arrested the bleeding. The contraction arrests the bleeding with as much certainty as the contraction of the uterus arrests uterine hemorrhage after delivery. The patient was directed to spit, and instead of blood, a whitish ropy saliva issued from the mouth. In half an hour the tourniquet strap, around the head and lower jaw, was loosened sufficiently to enable her to eat, as she was nearly half starved for the want of food. The tourniquet, instead of giving pain, *relieved the pain* by pressing the extended parietes of the alveolar process together—the separation of which, by the plugs, had caused the pain. In a few hours the tourniquet was removed, but the patient had been so frightened by the hemorrhage, that she could not go to sleep until gratified by its re-application, and some one to sit by to hold it. Although it has now been nearly a week since the bleeding was entirely arrested, she still retains the instrument in her room for fear of a return of the bleeding. No medicines were used.

The other case occurred in a lady of a strongly-marked hemorrhagic diathesis. An upper molar tooth, next but one to the wisdom tooth, had been drawn. The strap of the tourniquet was applied over the upper lip and around the head, leaving the lower jaw free. A pledget of raw cotton was loosely inserted into the bleeding cavity; the pad of the tourniquet was placed over the alveolar process of the cavity, and the screw over the pad. A few

turns of the screw, which rather gave relief than caused pain, immediately arrested the bleeding. Soon the pain and irritation of the jaw—caused by the extension of the cavity in thrusting plugs, caustics and styptics into it—abated, and at last ceased. The patient, having been able to take but little food or drink for three days, ate and drank with the tourniquet on—the lower jaw not being bound by the strap of the instrument. In an hour or two the instrument was removed, and the following night the bleeding returned, but was instantly checked by the patient herself, who, with the assistance of a female friend, re-applied the tourniquet. Finding that the hemorrhage could be commanded at will, in a moment, the patient preferred dispensing with the instrument soon after the bleeding was arrested, and re-applying it when it commenced again, to wearing it on her face. It was several times thus re-applied to stop the hemorrhage, and always with success. After a few days there was no further return of the bleeding. In the mean time, lemon-juice and other antiscorbutic remedies were given to correct the hemorrhagic diathesis. The patient is the wife of a gentleman residing in Arkansas, and was on a visit to her relations in this city when the tooth was extracted. On the third day after the extraction, her strength was so much exhausted by the hemorrhage, that her husband, who lives about a thousand miles off, was telegraphed and started immediately to see her, and soon arrived, expecting to find her dead. The able surgeon-dentist, who extracted the tooth, was notified, soon after he had made his last visit on the third day, that the hemorrhage had returned worse than ever. This summons to see the patient again was speedily followed by a report of her death. Knowing the critical condition of the patient, he believed the report to be true, and said he never suffered more in his life. The rumor of her death originated, it is thought, in some one leaving the house before the tourniquet had been adjusted, immediately after witnessing the temerity of the writer in unbinding the jaws and pulling out the plug which the dentist had so carefully and artistically inserted into the cavity.

The writer, at different times for the last quarter of a century, has been in the habit of promptly arresting hemorrhage, following the extraction of a tooth, by the tourniquet applied as above; and it was not until two ladies of distinction came very near perishing from hemorrhage under such circumstances, in defiance of the best professional skill in a great city, remarkable for its excellent dentists and physicians, that he became fully aware of the value of the discovery he made, many years ago, of the virtues of the tourniquet in such cases. On turning to modern authors, he finds that the best way for arresting hemorrhage of the kind, is not only unknown, but the theory, indication or principle to direct the practice is at fault. "*Il faut tamponner, avec force, la cavité qu'a laissée la dent,*" is the principle directing the practice of the French. The same principle, to plug, with force, the cavity, from which the tooth came, governs the English practice. To fulfil this indication of stretching the cavity



to stop bleeding from it, sponge, cork, agaric, lint, cotton, wax, putty, and even driving back the tooth into the socket it came from, have all been called into requisition—also a paste made of tannin and cotton with alcohol, thrust into the socket with a probe and pressed down with the finger until it becomes a concrete. Not only simple plugs, but those steeped in alum, galls, alcohol, chloroform, creosote, and other stimulating and astringent substances, are recommended. Plugs tipped with strong caustics of various kinds, also have their advocates. Yet Prof. South, of the Royal College of Surgeons of England, and Surgeon to St. Thomas's Hospital, candidly confesses, in his edition of *Chelius*, that he has tried most of such things without effect, and "thinks the actual cautery had better be resorted to at once, without loss of time." He gives a case, however, where the actual cautery in Brodie's hands failed to arrest the hemorrhage for a longer period than six hours, and the patient died. He gives two cases of his own where the same remedy was repeatedly used, and it was nearly two weeks before the bleeding was finally stopped. The theory of stretching the bleeding cavity by thrusting foreign substances, with force, into it, is radically wrong, and the practice under it must necessarily be unsuccessful in severe cases. The true indication is to contract the cavity by compression with the fingers on each side of it—introducing previously a loose pledget of cotton or lint for the sides of the cavity to contract upon; and in severe cases to resort to the tourniquet to make the lateral pressure. The perpendicular pressure from below upward, or from above downward, increases the tendency to hemorrhage by enlarging the cavity; whereas the lateral pressure, by contracting the cavity, stops the hemorrhage immediately. It should be made, however, not exactly laterally but somewhat diagonally, so as to act upon the yielding part of the alveolar process that enclosed the tooth.

*Canal st., New Orleans, Feb. 20, 1855.*

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PROSECUTIONS OF MEDICAL MEN FOR MAL-PRACTICE.

BY STEPHEN W. WILLIAMS, M.D., LAONA, ILL.

[Communicated for the Boston Medical and Surgical Journal.]

I BEG leave to express my wish that something might be done, by our legislatures, to amend the law in relation to mal-practice in our profession. As it now stands, almost every physician and surgeon is liable to vexatious prosecutions for alleged mal-practice, particularly in relation to broken and dislocated bones. And as these cases are committed to jurymen who are wholly ignorant of the conformation and physiology of the human body, it is no wonder that in nine cases out of ten the defendant is defeated and mulcted in heavy damages, and perhaps condemned to imprisonment. By the public, too, he is often branded with incapacity, and subjected to loss of business, when in most instances the whole blame, if any,

lies with the patient, for neglecting the directions of his physician. The sympathies and feelings of jurymen in such trials are too apt to overbalance a sense of right, and these feelings are too prone to predominate in favor of the prosecutor, and a verdict for him is accordingly often rendered, when the merits of the case are all on the other side. We have a melancholy instance of this in the late trial in Philadelphia, for rape, or violation of a female, under the influence of chloroform. This case has taught physicians a lesson, which I trust, in future, will never be disregarded by them—and this is, never to administer anæsthetics to a lady, unless respectable persons are in the room to witness their operation. They should never, in my opinion, be administered by dentists, unless they have regularly studied the profession of medicine, or have been regularly licensed by a dental or medical college. But upon what grounds this person was justly convicted, surpasses my comprehension. The complainant was never examined by physicians to ascertain whether there were to be found upon her person marks of violence corroborative of her testimony, without which, I cannot believe the prisoner ought to have been condemned. Otherwise no man is safe from the malicious prosecution of any woman who chooses to make the complaint. The law of Pennsylvania is more lenient in cases of rape, than that of most of the States of the Union. Here the amount of punishment is left optional with the judge, while in most of the other States it is punishable with death. Still no innocent man should be subjected to any punishment, and the offence should be fairly and indubitably proved upon him before sentence is pronounced. It is an anomaly in the history of anæsthetics, that they should deprive a patient of muscular power, without at the same time depriving him of mental ability to recollect distinctly the scenes which might be occurring around him. I have witnessed the operation of chloroform in numerous surgical and obstetrical cases, and have never known an instance where a patient, who has been under its influence, has been able to give a clear account of what occurred during its use. Some have compared the effect to that of a dream. But who would have thought of taking their evidence, in a court of justice, of these effects? Many whom I have seen after the use of it, have been astonished to learn that a severe operation had been performed upon them without their knowledge, or that a child had been born to them without their being conscious of it.

In view of these common evils, I would suggest the propriety of regular physicians through the country petitioning the legislatures of their respective States for such an alteration of the law as it now stands, as that in all cases involving damages relating to medical or surgical practice, juries should be selected from regular physicians, or medical men, who are alone qualified to judge correctly in such cases. Unless such a measure be adopted, in vain may physicians expect a remedy for the evil to which all are exposed who have the misfortune to be called to cases of fractured and dis-



located bones, or even when attending upon other complaints and accidents. I know that physicians, on account of the particular nature of their employment, are now exempt from the disagreeable necessity of serving on juries. Yet there is no reason, in cases like these, where no other persons are capable of judging correctly on the subject, why they should be exempted from the duty. I hope the attention of the profession will be drawn to the subject, and that physicians as a body will unite in drawing up and subscribing such petitions to their respective State governments, as will be instrumental in turning their attention to the subject, and causing them to aid in the removal of the grievances under which the profession now labor. I have already written to a physician, a member of the State Legislature of Illinois, upon the subject, and hope he will call the attention of the other members of the Assembly to it. I know it is thought by some that lectures upon medical jurisprudence will better qualify physicians themselves to judge upon the subject. But lectures upon medical jurisprudence are now given in almost all our medical colleges, and they should be in all. In my lectures upon medical jurisprudence, in various medical colleges, I have invariably taught surgical as well as medical jurisprudence. Still the difficulty remains in relation to such cases being decided by unprofessional juries. Nor will anything abate the evil but the appointment of medical jurors. Under their verdict more equal justice will undoubtedly be dispensed.

*Laona, Winnebago Co., Ill., Jan. 22, 1855.*

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PLACENTA PRÆVIA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The article in your Journal recently, entitled "Medical Reminiscences," prompts me to send you an imperfect sketch of a case which occurred in my practice a few months ago.

December 15th, 1853, I received a message to go to the residence of Mr. C., a distance of six miles. On arriving I found Mrs. C. in bed, and learned that she was probably in the ninth month of her sixth pregnancy; that she had had two unexpected attacks of flooding, one the night before, and the other three weeks previous. Both occurred in the night, unaccompanied by pain, and were the results of no known cause. Not being able to account for these attacks otherwise than from alterations going on at the mouth of the womb, I suspected the case to be one of placenta prævia, and enjoined quiet in a horizontal position and on a hard bed; and prescribed six grains of Dover's powder with three of acetate of lead, together with an anti-hemorrhagic regimen. I made no examination per vaginam. On leaving, I remarked to the husband my suspicions as to the cause of the flooding, and requested to be made acquainted with the occurrence of another attack.

I saw this patient on the 19th and 27th following. Nothing re-

markable had transpired. The loss of blood since the 15th had been slight. At each visit I enjoined the same general directions.

Early in the morning of January 8th, 1854, I received another message to visit Mrs. C. On arriving, about 8 o'clock, A.M., I learned she had had but little pain, but much flooding. This had been in the form of a draining, rather than in gushes. She was much prostrated; could not help herself in the least, but had had no distinct syncope. I immediately made an examination, and found the placenta covering the os uteri, which was dilated to the size of a quarter of a dollar; and in some degree dilatable. The head was evidently against the placenta. The method of proceeding was now an important question. Should I overcome all resistance—carry the hand into the cavity of the womb—bring down the feet, and suddenly terminate the labor; or should I stop the flooding by separating the placenta from its uterine attachments? Thinking the former more than the patient, so prostrated, could endure, I determined on the latter. This was easily accomplished, though necessarily attended with some loss of blood which produced urgent symptoms of collapse, but was followed by no hemorrhage. The membranes were ruptured at the same time. I then gave stimulants with ergot, and had warm applications applied to the extremities, and waited re-action.

This came on so tardily, and so feebly, that no uterine contractions commenced until the lapse of about four hours, during which time Dr. J. W. Fearing, of Providence, was sent for. No efforts were made at delivery, and the pains were weak. About 1 o'clock, P.M., Dr. Fearing arrived, and after hearing a short history of the case, made an examination, which led him to the conclusion he could easily apply the long forceps. He immediately proceeded, and with the skill of an accomplished accoucheur he delivered my patient of a full-grown fœtus. A good degree of uterine contraction succeeded, and stimulants with camphor cordial were recommended. For about an hour Mrs. C. seemed comfortable—no accident threatened, and Dr. Fearing's engagements demanded his absence. Soon, however, she began to complain of being faint; her pulse flagged; lips and cheeks were more blanched; respiration sighing. The uterus had lost its original contractions, and hemorrhage into the cavity could only explain its distension. With a cold moist cloth in my hand, I made a grasping pressure on the tumor, and continued brandy and water moderately. This state of things lasted two hours, when the pulse began to improve; the respiration became more natural, and the uterine contractions seemed firm. An anodyne pill was given at night, in accordance with Dr. Fearing's advice, and dry cloths were placed about her person, which secured a comfortable night. After three days she was able to endure a change of linen. From this time nothing of unusual interest transpired in the case. Her recovery was protracted, but gradual, and finally complete.

T. K. NEWHALL.

*North Scituate, R. I., Feb. 26, 1855.*



## HYPOSULPHITE OF SODA IN INFLAMMATORY RHEUMATISM.

[Communicated for the Boston Medical and Surgical Journal.]

This preparation of soda is worthy of more notice as a remedial agent than is usually accorded to it by the profession. The following case will illustrate the value of the remedy.

Mr. C. had been ill for three days with inflammatory rheumatism when I first visited him. He had chills once in four hours. Tongue dry, with a dark, thick coat. Pulse 120, dicrotic; skin very dry; urine high colored and scanty, with brickdust sediment. All the joints very much swollen, inflamed and exceedingly painful. The pain was so severe that the walking of any one upon the carpet caused him to complain most bitterly. Ordered the following:—R. Hyd. chlor. mitis, gr. viij.; pulv. jalap., gr. xx.; pulv. digitalis, gr. x. Divide into two powders, one to be taken once in three hours; followed by R. Nitrate potassa, gr. xv.; syrupi simplicis, f 3 ij.; vin colchici sem., 3 ij.; morphia, gr. ij. M. Sumat cochleare medium quarter horis. Externally apply R. Tr. aconite, gtt. xl.; acet. plumbi, 3ij.; tr. opii, f3j.; alcohol, 3vij. M. Bathe the parts with this mixture freely, applying cotton after each application.

2d day.—Is no better; skin dry; knees, which are mostly complained of, very painful and badly swollen. Vomited twice through the night. Pulse 140, full. Passes urine more freely. Superadded pericardial inflammation. Cannot be moved. Countenance anxious. Breathing quick. Pain and some oppression about the cardiac region. R. Hyposulphite sodæ, 3j.; acet. morphia, gr. ij.; gum acacia, gr. xx. M. Divide into six powders, one to be taken every two hours. Apply, externally, cloths wet in R. Hyposulphite sodæ, 3j.; acid. acet. dil., Oss. M. Renewed once in three hours.

3d day.—Had a good night's rest. Tongue looks better; pulse 100; skin moist; urine free, not very high colored; swelling much diminished. Has but little pain. At his request let him sit up. Continue the same medicine.

4th day.—Pulse 88; swelling nearly gone; no pain; sits up. The same medicine continued.

5th day.—Tongue clean; pulse 80; walks about the room. Has some appetite. Give him chicken broth. Medicine continued. Two comp. cath. pills at night.

6th day.—No pain. Pulse 78. At his request let him go out. Medicine continued, with a little brandy and water.

8th day.—Discharged, well.

The fact most worthy of notice is the wonderful power of the medicine in exciting the secretion of the kidneys, when internally used. As an antiphlogistic agent, I have found it very powerful, and have used it externally where lead was objectionable, and some other agents of this class of remedies were useless.

J. H. WARREN.

*Newton Upper Falls, Feb. 26th, 1855.*

## Hospital Reports.

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### MASSACHUSETTS GENERAL HOSPITAL.

*Encysted Tumor of the Orbit.*—(Under the care of Dr. J. MASON WARREN. Reported by JOHN ELLIS BLAKE, M.D., acting House-surgeon.) G. L. H., æt. 27. Entered the Hospital, March 2d, with a small congenital, encysted tumor, about the size of a pigeon's egg, soft, *translucent*, and somewhat *fixed*, on the superior and external portion of the orbit of the right eye. The patient's parents have told him that at birth, and for some little time afterwards, the tumor was *moveable*. From birth until about two years since, it remained of the same size; it then began to enlarge, and on this account, and not because it gave him any pain or uneasiness, he entered the Hospital in order to have it removed.

By a careful dissection the sac was removed entire, without evacuation of its contents. It was beautifully translucent, appearing, when held before the eye in a strong light, to have a vascular lining membrane. The tissues about the cyst showed increased vascularity. It was found to contain *oil*, some slight shreds of epithelium, and a few hairs.

Mr. Paget, in his *Surgical Pathology*, American edition, page 349, says—“Cysts containing *oil* or fatty matters, without any more highly-organized substance, are very rare. Many contain fatty matters mingled with serous, epithelial, and other substances, but in these the fatty constituent is probably the result of the degeneration of the other contents.” He gives three cases. One was removed by Hunter, and the specimen is marked by him as “oil from an adipose encysted tumor growing between the *bony orbit* and the upper eyelid of a young man.”

If the cyst removed on Saturday should prove to be unquestionably one of this sort, the extreme rarity of such tumors gives to the case some interest aside from that which attaches to the importance of accurate diagnosis of translucent cysts of the head, which are often connected with the encephalon.

The patient is doing well, and is fast getting over the swelling of the eyelid which usually follows such an operation.

*Examination of the Tumor*, by Dr. B. S. SHAW.—The cyst membrane was not examined microscopically, but appeared to have a portion of its internal surface covered with epithelium. The oil was margarine, nearly pure, partly free, and partly contained in large cells. These cells resembled those of adipose tissue, but were somewhat smaller, paler, and did not have the dark contour of the adipose cell. The margarine was fluid at the temperature of the body, but solidified at lower temperatures. The cyst also contained short hairs.

This tumor resembles one removed from a similar situation by Dr. Nathaniel Miller, of Providence, and exhibited to the Boston Society for Medical Improvement. (Vide Records, Sept. 25, 1854.) A similar tumor was removed from the neck, two years since, by Dr. H. J. Bigelow.

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*Compound Comminuted Fracture of Both Feet—Tetanus—Death.*—(Under the care of Drs. H. J. BIGELOW and CLARK. Reported by CHARLES ELLERY STEDMAN, M.D., House-surgeon.) Mrs. A. S., æt. 26, was admitted about 3, P. M. 24th of February. She is a small, nervous, eccentric woman, who earns her living by selling books on the Eastern Railroad. She says that she was trying to leave the cars after they began to move from



the Lynn Station, when a passenger endeavored to detain her; in the struggle, she fell from the train, she does not know precisely how. Dr. Puleston, of Lynn, dressed the wounds, and sent her to the Hospital.

On entrance, patient was very much excited, and fully persuaded that she was not seriously hurt. Of the left foot—the integument is stripped up from the little toe, along the side of the foot, behind the external malleolus, three inches up the leg. The finger, introduced through this wound, feels the bones of the foot generally fractured and dislocated. Considerable hæmorrhage. The toes of the right foot are completely mashed.

Dr. Bigelow, after a careful examination, proposed immediate amputation. Patient was etherized, and the left leg amputated by circular incisions, at a little below the middle; a longer flap than usual was dissected up. Seven arteries were tied, and the flaps secured by four sutures. The right foot was removed just anterior to the tarso-metatarsal articulation, the flap being made from the plantar surface, and the metatarsal bones sawn through. Three arteries were tied, and four sutures passed. Cold water dressing. Opium, *pro re nata*.

February 25th.—Tolerably quiet. Did not sleep. Pulse 112. Not much pain. Little oozing.

26th.—Pulse 108. Tongue coated. Quiet, but starts when spoken to. Slept well. No appetite. No dejection. *R.* Sol. magnes. sulph.,  $\mathfrak{z}$ ij.

7, P.M.—Salts have not operated. Pulse 120, full and soft. Perspiring freely. Omit opium. Enema.

27th.—Pulse 100. Medicine operated freely. Vomited black substance, which, she says, she always does when her bowels move. Took some broth with much relish. Resume opium.

28th.—Pulse 100. Does not complain of much pain. Stumps dressed to-day. The right appears about to slough extensively. The left flaps also look gangrenous. Appetite continues tolerably good.

March 1.—Stumps look somewhat better, especially the left one. Being offensive, the patient was removed to Foul Ward.

2d.—Excited. Slept little, and was noisy. May have chicken. *R.* Valer. fl. ext.,  $\mathfrak{z}$ j.; tr. mosch., gtt. xx. M. Every six hours. Omit opiate.

3d.—Still much excited. Pulled off her poultices many times. Sedatives had little effect. Pulse good. Sloughing going on rapidly; bone in right stump uncovered. To be constantly watched. Wine and water.

4th.—Raving last night. This forenoon slept some hours, and this evening is very quiet. An erythematous blush extending up right leg. Spirit lotion to leg.

5th.—Slept pretty well last night. This morning, pulse 120. Jaws closed, and cannot be opened more than a quarter of an inch. Masseter muscles rigid. Slight disposition to opisthotonos. But very little pain. Redness has extended up right thigh. Laudanum and ether to jaws. *R.* Chloroform, gtt. x.; tr. mosch., gtt. xxv.; sacchar. et mucil., q. s. M. Every three hours. Tr. sapo. et opii applied hot to spine.

Evening. About the same. Increase chloroform gtt. x. Let her have whiskey punch freely.

6th.—Slept somewhat the first part of the night. This morning is about the same. Has spasms every fifteen minutes, commencing at the legs and ascending. Some spasmodic action of diaphragm. Difficulty in swallowing. Expression of countenance haggard and anxious. *R.* Chloroform,  $\mathfrak{z}$ ss.; mucil.,  $\mathfrak{z}$ ij. M. Every three hours. Omit musk.

7th.—No sleep. Two dejections. At every breath, spasm of extensor muscles of back. Takes but little nourishment. Pulse 135.

Evening.—Sinking towards foot of bed. Warm perspiration. No pulse detected at wrist. No change at 10, P.M., when she died.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SOCIETY FOR MEDICAL OBSERVATION. BY  
R. M. HODGES, M.D., SECRETARY.

*Fatal Case of Vomiting in Pregnancy.*—Dr. BUCKINGHAM reported the following case. A young woman, 26 years old, was married on the 1st of June. On the 10th of the same month she missed her catamenia; on the 1st of July she had nausea and vomiting, which continuing, she sent for Dr. B. on the 7th of August. At that time she was unable to retain any food, the vomiting being almost constant. On the 12th she had yellowness of skin and conjunctiva. The matter vomited was not bilious, though the urine and saliva were loaded with bile. No pain or symptoms of inflammation about the liver. For ten days she vomited almost without cessation. On the 20th she was wandering. Matter vomited grumous, dejections involuntary. After this date she vomited more rarely, and on the 24th she died. The indications of pregnancy were perfect. No autopsy was permitted. Every sort of treatment was made use of. Dr. John Ware, who was called in consultation, gave an unfavorable prognosis, and said he had seen two similar cases in one family.

It being asked why abortion was not tried, Dr. B. said he had no idea the woman was going to die until within a few days before her death took place. Had he anticipated such a result, he should certainly have tried it. He also remarked that he had not satisfied himself that there was any method that was proper to adopt in procuring abortion, especially at so early a period, unless it were the douche, and that he did not feel sure would be effectual except when pregnancy was farther advanced. He should fear metritis from sponge tents.

Several gentlemen took an opposite view of the matter. Dr. Ellis said that Dubois was opposed to all attempts to procure abortion at that early period, because he believed women rarely died from vomiting.

Dr. Cabot mentioned an instance where a woman had procured abortion eight times upon herself with a piece of whalebone, one month after the symptoms of pregnancy appeared. There might be some doubt whether she really accomplished what she thought she did.

Dr. Parks said that Dubois had not found that abortion always arrested convulsions, and that perhaps it would not have succeeded in arresting vomiting in Dr. Buckingham's case. But with the French, religious opinions entering into their consideration of these cases, some allowance must be made for its influence.

(Dr. Shekleton, of the Lying-in Hospital of Dublin, lays great stress upon the value of the recumbent position in treating the nausea and vomiting of pregnancy, insisting upon the success following this practice in the ordinary cases which the physician is called upon to advise for.)

*Bleeding in Pneumonia.*—Dr. WILLIAMS, in the course of a discussion upon the treatment of pneumonia, said that in Vienna the expectant treat-



ment had been found as successful in pneumonia as active treatment and bloodletting. He also mentioned that an old and intelligent country physician had made the remark to him that, according to his observations, the type of pneumonia had entirely changed during the last forty years, and that with this change he had been obliged to change his treatment; whereas he used always to bleed, now he never did.

Dr. Slade said that Dr. Stokes, of Dublin, had not bled in pneumonia for twenty years.

In reply to a question, Dr. Bowditch said that the treatment at the Massachusetts General Hospital was according to circumstances, viz., active treatment, bleeding and antimonials; or expectant, simply.

Dr. Buckingham mentioned a case of pneumonia and pleurisy, in which the "let alone treatment" had been pursued, and which lasted from the middle of August to the first of October. Depletory measures could not be made use of. The pneumonic symptoms lasted four weeks. No tubercular diathesis or predisposition. Dr. B. objects to counter-irritation in acute thoracic disease, never having been satisfied as to its beneficial influence.

*Operation of Paracentesis Thoracis.*—Dr. ELLIS remarked upon the danger of fistulous opening following the use of a large trocar, and which he had himself seen occur after this operation performed with such an instrument. The exploring trocar and suction syringe seemed to him preferable.

Dr. Bowditch said he considered it of no use to make a valvular opening, the parts closing upon themselves on the withdrawal of the instrument. In answer to the question, "whether he punctured near the rib or in the centre of the intercostal space," Dr. B. said, he did not pay much attention to this point, but generally punctured near the upper edge of the lower rib and in the eighth or tenth intercostal space, which was the thinnest, and where the arteries are usually the smallest, choosing the point nearest the angle of the scapula, there being in the least danger of wounding the heart. By care the danger of wounding the diaphragm was avoided, and he performed the operation with the patient either sitting up or lying down.

Dr. Shattuck asked Dr. B. in what proportion of pleuritic cases there is effusion. Dr. B. said he was unable to say, but thought there was more or less in all. Undoubtedly there are cases which get well without any treatment. Oftentimes physicians will cease to auscult after they have once removed the pain and effusion, and the effusion comes on again insidiously afterwards; the patients go out, and then are taken ill afresh. In fact there are but few regularly acute cases that come under treatment for the effusion.

*Seminal Emissions.*—Dr. CABOT had used lupuline, in half-drachm doses two or three times a-day, with good success in cases of seminal emissions. Cold baths taken merely as a "dip" he thought did harm, but when prolonged sufficiently to chill the parts were certainly beneficial.

Dr. Buckingham had seen patients who tried to cure themselves by a strict regimen of diet and sleep, but he had always advised an opposite course. In his cases oxalate of lime had usually been found in the urine, and such patients had been relieved by citrate of iron. In patients worn down by excessive venery, he had found strychnia useful. He usually advised the removal of books on the subject of onanism, and did not recommend coitus or the avoiding of female society. The "spermatorrhœa ring"

he thought more likely to produce seminal emissions, by irritation, than to cure them.

Dr. Slade thought the "ring" sure to arrest the emissions, if kept on. Intercourse, to be of service, must be regular. Oxalate of lime found in these cases was owing to the state of the patient's general health and the affection of the brain which accompanied it.

Dr. Bacon said that Donné had thought the presence of oxalate of lime in the urine diagnostic of seminal emissions. This was well known now not to be the fact, but to depend, as Dr. Slade had said, upon the condition of general health, and the nervous derangement of the patient. The deposit is most frequently found after changes of temperature in the summer season.

Dr. Buckingham said that in the last two cases where he had observed oxalate of lime in the urine in connection with seminal emissions, the patients were stout and robust. Their attention had been recently called to their condition, but it was accompanied by no depression of nervous energy. Dr. B. mentioned a case where zoosperms had been found in the urine of a woman 8 months advanced in pregnancy, and thought that half the time when found in the urine they were the result of a natural evacuation.

Dr. Williams said that in a case of his, relieved by a combination of lupuline with ergot, the patient was an officer in the army and took a very rational view his case. He was consulted as to the expediency of cauterization. He did not recommend it. Strychnia had been tried without success, but the lupuline and ergot were effectual.

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*Injections into the Cellular Tissue.*—Dr. Ellis read a case of rupture of the duodenum, death resulting from collapse, the rupture taking place into the cellular tissue behind this portion of the intestine; and in connection with this, mentioned two other cases of death from collapse from injections into the cellular tissue; one, from a vaginal injection administered by the patient herself, and the other from a clyster bunglingly given by an attendant.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 22, 1855.

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### THE LATE WILLIAM THORNTON PARKER, M.D.

By the death of Dr. Parker, both the Profession and the community have sustained a real loss. To eminent professional abilities he added that sound judgment, highly honorable feeling and exceeding kindness of heart, which, united, constitute the truly "*good physician*." From early and most intimate acquaintance with him we feel that we can speak with confidence of his attainments, his exertions for usefulness, his qualities of heart and mind. For many years "we have been friends together," and the sadness which the departure of a valued associate brings with it is mingled with an unusual amount of very grateful and pleasant reminiscence. Active and industrious in his habits, Dr. Parker established an extensive practice for himself, in South Boston, immediately after taking his medical degree. There are many in that portion of our city who can testify to his unflinching integrity, his entire devotion to the interests of those entrusted to his medical care, his acute discrimination of disease, and his faithfulness, to the very last of his career



as a practitioner. To this trait, indeed, is much of his ill health latterly, to be ascribed. Over-work did a vast deal towards developing the slow but sure disease of which he died. Unwilling to yield, he struggled on, visiting his patients continuously, often leaving his bed for several successive nights, when ill able so to do. Compelled at last to quit an excellent practice and to resign the home-comforts his industry had gathered, he sought health both in Cuba and by a residence of some months in Europe, but without avail. With a strong will and a large share of the good spirits which once animated him, he toiled almost to the last day of his life, to supply the failure of the means formerly afforded by his professional exertions. Occupation was his life. He never seemed unhappy when employed. Pleasantly retired in a beautiful neighboring town, he wrought with pen and pencil, amid much physical trial, but surrounded with warm friends and delightful influences. To most of his medical brethren here, his skill as an artist is well known. We do not know, in the ranks of the profession, any one who at all approached him in the art of delineation and design. In pen-drawing he was an adept; in coloring, his hand was unrivalled. We have seen his copies from the most splendid anatomical plates, which we literally prefer to the original. In sketching, as well as in copying, he was peculiarly felicitous. One of the most touching circumstances connected with our remarks upon this accomplishment, is the fact that the *last* work done by his hand was executed for the writer of this slight tribute to his worth. These drawings, finished only a few days before his death, have a value that can attach to such works alone. He who could so use the pencil might find in it almost a support. By a medical man, especially in these days of minute investigation, the talent cannot be too highly estimated.

Constantly occupied through the past winter, and enjoying much of that social comfort which was ever grateful to him, he has at last gently passed from earth, solaced by the consolations and hopes of religion. Violent hemorrhage from the lungs was the final agent in the gradual process of dissolution. A first and comparatively slight attack, a fortnight since, when able to be about his house, was succeeded by profuse bleeding shortly after. He slowly sank, and after a restless night on Sunday, 11th inst., went into a quiet sleep on Monday morning, from which he awoke in "the better land."

At a meeting of the Boston Society for Medical Improvement, Monday evening, 12th instant, Dr. Storer referred to the decease of Dr. Parker, and offered the following resolution:—

"*Resolved*—That this Society has heard with regret of the decease of their late associate William T. Parker, M.D., who had endeared himself to many of his medical brethren by his high-minded, honorable conduct, and to a large circle of friends by his uniformly kind and faithful devotion to the duties of his calling, until compelled by declining health to relinquish them.

"*Voted*, That the Secretary transmit to his widow this expression of our regard for his memory, with our deepest sympathy for her loss."

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#### INTERESTING LETTER FROM A VETERAN IN THE PROFESSION.

We very willingly publish the following letter, at the suggestion of a valued correspondent, with whom we agree that it is not only "sound in doctrine," but "touching in sentiment." We prefer to give it entire, rather than "to shape it into an article," and we trust that many "veterans of the profession" may be gratified by its perusal, coming, as it does, from one of their number widely known and respected.

To J. L. Chandler, M.D.

Kent, Ct., March 7th, 1855.

MY DEAR SIR,—Seventy-four years of my earthly pilgrimage having elapsed, I am carried beyond the limit usually allotted to man's existence—and therefore am a dreary wanderer in the desert of old age. You will allow me to say that your kind notice of February ult., was more than acceptable—it was a favor that would have given me pleasure at any former period of life—but I now enjoy it with a higher zest, because the green spots in life are of less frequent occurrence, as the shades of night are gathering about me. Most heartily do I thank you for your letter and pamphlet—thank you, too, for the interest you are pleased to take in my daughter's welfare. The name you gave the disease in her shoulder, is, I think, quite appropriate, and probably your suggestion of "treatment or no treatment," being equally successful, is correct. Any manifestation of kindness to my children, cannot fail to excite my gratitude, and induce me to hope they will not be backward to reciprocate kind offices.

Lamoille's Reminiscences are likely to be useful, and call up recollections that have long been buried in the past. The example will probably induce others to lead out in the same way, and the mistakes of early practice will thus become a source of valuable instruction in the healing art. The truth is, that valuable knowledge is sometimes blundered upon, as well as obtained by scientific research—and as I advance in life, I am more and more deeply impressed with a conviction that in early life I greatly over-estimated human knowledge. I am now satisfied that our mighty acquisitions are limited to the knowledge of a few facts necessary to our existence; while causes and principles, so much talked of, so boastingly put forth, are still shrouded in the depth of obscurity which no human eye can penetrate. In vain we are taught that the elements comprising our little world, are *four, one, or forty*—we still remain in the same state of profound ignorance. In vain are we instructed in the primary cause of fever. Millions upon millions have written upon it, but who now is the wiser for their labors? Ah, doctor, we are a restless, uneasy set of beings—prone to pride ourselves upon knowledge we never obtained—and constantly aspiring to know and comprehend everything about us. But the fiat of the Almighty has placed bounds to the human intellect as well as to the waters of the ocean. Well may it be said—

"Aspiring to be gods, if angels fell—  
Aspiring to be angels, men rebel."

But I suppose you are by this time tired of my complaining style. Perhaps you may think I ought to allow the claim, that every age or generation grows wiser. It may be so—I only contend that our knowledge of facts constitutes our *whole* knowledge—and therefore if the errors of Lamoille contribute to increase our stock of facts, certainly the public are indebted to him for his frank and public acknowledgment—and on my part I tender my hearty thanks.

Most respectfully yours,

WELLS BEARDSLEY.

#### THE BUFFALO MEDICAL JOURNAL—PROFS. MEIGS AND HOLMES.

Under the head of "Changes in Boston," the Buffalo Medical Journal for March, 1855, comments upon the character of the Boston Medical and Surgical Journal semi-favorably. With its strictures upon the publishing of "all communications sent, whether good, bad or indifferent, and the more serious error of an indiscriminate praise of all books sent to it by publishers," the present editors consider they have little to do. Six numbers



only, having been issued under their supervision, there has yet been little opportunity to pass any judgment upon their management. They may venture to intimate that "rejected addresses" are not unknown to their editorial desk, even at this early period of their charge.

Professing "no spirit of unkindness," our friendly critic continues,—“in the hope that the new editors may avoid such an inconsistency as their first number contains in the form of a vigorous puff of Dr Holmes's really excellent pamphlet on puerperal fever, which was preceded only a few weeks ago by an equally decided approval of the precisely opposite doctrines advanced by Dr. Meigs, in his work on child-bed fevers.” As to the point of "inconsistency," supposing it proved, we may say that being in no way connected with the Journal at the time the article referred to, upon Dr. Meigs's work, appeared; not having seen the said article, even, we find no ground for the charge. Nor do we hold ourselves obliged to look back over old files for particulars in no wise concerning us, in order to be sure that our present expressions tally with the opinions of our predecessors. We are quite willing to be judged for our own statements, but cannot agree to make them coincide with others. In looking at the notice referred to by Dr. Hunt, however (Journal Nov. 15, 1854), we do not find the slightest allusion to the particular doctrine advocated by Dr. Meigs in relation to the contagious nature of Puerperal Fever—the question discussed in Dr. Holmes's pamphlet. The approbation of the writer of the article is general, and relates to the "industry" of Dr. Meigs, to his acquirements, &c., terminating with a complaint at his epistolary style, and commendation of the external appearance of the book. To say that this constitutes a "decided approval" of the doctrines so "precisely opposite" to those maintained by Dr. Holmes, seems to us hardly warrantable.

Our notice of Dr. Holmes's Essay and Introduction, if complimentary, was not, by any means, in the form of a "vigorous puff." It *needed* no praise at our hands, although to read it without commendation were impossible. When any production actually requires *puffing*, it must be very weak. We sincerely trust that no such books will be "sent to" us.

With every acknowledgment for the Editor's courteous reference to our undertaking, we respectfully ask fairness in criticism.

#### NOTICES.

The following Books and Pamphlets have been received:—An address to the Class of Graduates of the Albany Medical College, delivered Dec. 26, 1854, by Orlando Meads, one of the Trustees. Albany, 1855.—Valedictory, delivered before the Graduating Class of the Baltimore College of Dental Surgery, by Wm. H. Dwinelle, M.D., D.D.S.—Catalogue of the Faculty and Students of the Medical College of the State of South Carolina. Charleston, 1855.—Oration delivered before the Physico-Medical Society of New Orleans: By A. Mercier, M.D.P., Principal Surgeon of the Circus Street Hospital. New Orleans, 1855.—Anniversary Discourse before the New York Academy of Medicine: By John H. Griscom, M.D. New York, 1855.—Catalogue of the Past and Present Students of the Tremont Street Medical School, in Boston, with an account of its Origin, and Plan of Instruction. Boston: Printed by David Clapp. 1855.

Owing to a mistake, the name of Mr. John S. Emerson was omitted in the list of those approved for a degree by the medical faculty, which was published in the Journal of March 8th.

*Deaths in Boston* for the week ending Saturday noon, March 17th. 87. Males, 46—females, 41. Accidents, 2—apoplexy, 2—inflammation of the bowels, 1—disease of the bowels, 1—congestion of the brain, 3—disease of the brain, 1—consumption, 15—convulsions, 3—croup, 6—dysentery, 3—dropsy, 1—dropsy in the head, 2—drowned, 1—debility, 1—infantile diseases, 3—puerperal, 1—erysipelas, 1—inflammatory fever, 1—scarlet fever, 1—homicide, 2—disease of the heart, 1—hemorrhage, 1—inflammation of the lungs, 10—measles, 1—old age, 2—palsy, 2—pleurisy, 2—rheumatism, 1—syphilis, 1—smallpox, 4—teething, 4—thrush, 2—unknown, 5.

Under 5 years, 41—between 5 and 20 years, 6—between 20 and 40 years, 25—between 40 and 60 years, 7—above 60 years, 8. Born in the United States, 60—Ireland, 21—Germany, 3—England, 1—British Provinces, 1—Turkey, 1.

*American Medical Association.*—The eighth Annual Meeting of the American Medical Association will be held in the city of Philadelphia on Tuesday, May 1, 1855.

The Secretaries of all Societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed*; and it is *earnestly* desired by the Committee of Arrangements that the appointments may be made at as early a period as possible.

The following are extracts from Article 2d of the Constitution:—

"Each local Society shall have the privilege of sending one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number. The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

"Delegates representing the medical staff of the United States Army and Navy shall be appointed by the Chiefs of Army and Navy Medical Bureaux.

"The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the Constitution at the meeting of the Association, held in New York in May, 1853.

FRANCIS WEST, M. D.,

*One of the Secretaries, 352 Chestnut St., Philadelphia.*

*Employment of Belladonna in Medical Salivation.*—DR. ESPENBECK reports the case of a woman, who had been largely treated by mercury, for enteritis. Violent salivation followed the employment of the remedy. Dr. E. ordered the Extract of Belladonna in the dose of two grains and a half, in an emulsion. The following day the salivation was completely arrested, and the mouth dry. On suspending the administration of the belladonna the ptyalism returned, but disappeared again when the narcotic was resumed. Dr. ESPENBECK has used it with success as a prophylactic against mercurial salivation. (*Archives Generales de Medecine*, Jan. 1855, from *Hannover Corresp. Blatt.*) The use of from two to five drachms of the Compound Tincture of Iodine with eight ounces of water, as a gargle in this affection, first brought into notice by Dr. NORMAN CHEEVER, is praised by the editors of the *New Orleans Med. News and Hosp. Gazette*.

*Penobscot County, Maine, Medical Association.*—The Annual Meeting of this Association was held at Bangor, on the 7th ult. Dr. J. P. Dickinson, of Bangor, was elected President. An excellent and appropriate Address on the Medical Profession, its Objects and Rewards, was delivered by Dr. Bradbury, of Old Town.

*Photographic Images found on the Bodies of those struck by Lightning.*—A lady of Lugano, sitting near a window during a thunder storm, received a shock which was not followed by any dangerous consequences; but a flower which happened to lie in the way of the electric current was figured upon her leg, and she preserved the appearance during the rest of her life. A sailor on board a vessel in the harbor of Zante having been struck by lightning, there was found on his breast the number 44, being an exact copy of the same figures in metal which were attached to a part of the rigging of the ship. In September, 1825, the lightning struck the brigantine *Il buon servo*; on the back of one of the sailors who was killed was the figure of a horse-shoe, of the exact dimensions of one nailed to the foremast. In 1841, a magistrate of the department of *Indre-et-Loire* and a miller's boy were struck by lightning, and on the breasts of each were found spots resembling exactly the leaves of the poplar. About 1786, two members of the old *Academie des Sciences* used to mention, on the authority of Franklin, the account of a man, who having seen the lightning fall upon a tree opposite him, exhibited the image of this tree on his breast; but this phenomenon was attributed by them to accident, or rather to a casual sanguineous suffusion. The facts that we have cited prove that the phenomenon in question has a wholly different signification, and I think that it is, *perhaps*, of a photographic nature.—M. BOUDIN, in *Annales d'Hygiene Publique*, etc. Oct. 1854.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, MARCH 29, 1855.

No. 8.

## FATAL CASE OF VOMITING FOLLOWING PARTURITION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—As the following case was to me a novel one, I send you a brief report, from notes taken at the time; and if in your opinion it is of sufficient interest, you are at liberty to publish it.

Respectfully yours,

*Charleston, Me., March 5, 1855.*

E. A. THOMPSON, M.D.

February 20th, 1855.—I was called to visit Mrs. P., aged 43, mother of ten children, and found her eight months advanced in pregnancy. She stated that her health had been poor for the last three months; that she was much troubled with a cough, and had occasionally, during the past winter, “a death-like feeling in the stomach, followed by great prostration.” The lower extremities were very œdematous; pulse 70, very small; countenance pale and anxious. Bandages were applied to the extremities, with much relief. I advised the horizontal position, and demulcents for the cough. I was called again on the 21st, at 11 o’clock, A.M., and found her in great distress, which had continued without intermission from 4 o’clock, A. M. She said the distress was similar to what she had experienced previously, but greater. There was some show and much nausea. I gave warm drinks to favor emesis, followed by the effervescing draught. On examination I found the os uteri dilated to the size of a shilling, the head presenting. The distress continued without cessation, the patient vomiting frequently, until 6 o’clock, the next morning, when she gave birth to a dead fœtus, which had evidently been lifeless for some days. She had no regular pains during labor. The uterus contracted slowly, but there was not much flooding. Left her about 9 o’clock, A.M., quite comfortable.

24th, evening.—She has had three spontaneous dejections; complains of great weakness, and nausea when she takes drink; no tenderness over the uterus. R. Brandy f ʒj. once in two hours. Chicken broth pro re nata.

She continued comfortable until Tuesday, the 27th, when she again complained of distress at the stomach, followed by vomiting.

The intervals between the attacks of vomiting were about twenty minutes, during which time she would fall asleep, to be aroused by the return of the distress. Pulse 80, small; tongue moist, lightly covered with yellowish coat; no tenderness over the uterus or stomach. *R.* *Tr. opii camph.*, f 3 j. every four hours; blue mass, gr. ij. once in six hours; crust coffee. In the evening there was no improvement. She was ordered half a grain of opium every two hours, and a sinapism to the epigastrium. The distress and vomiting continuing on the 28th, I prescribed comp. spts. lavender, Hoffman's anodyne, acet. morph., and ext. hyoscyamus and belladonna during the day and night.

March 1st.—Vomiting ceased, but retching continued about once in twenty minutes; pulse 90. *R.* *Tr. opii*, gtt. xxxv.; decoct. amyli, f 3 ij. as an enema, and creosote, gtt. j., every three hours. Called Dr. Bean, an old and experienced physician, in consultation. Ordered Sulph. morphine, gr. 1-8, and hyd. chlo. mitis, gr. ss. once in three hours; the effervescing draught occasionally, and a blister to the epigastrium.

The retching continued until 4, A.M., March 2d, when she died.

*Autopsy* ten hours after death. Stomach contained a few drachms of gastric juice; a little injection near the cardiac orifice: otherwise natural. Intestines normal. Spleen enlarged and softened. Liver normal, but rather pale. Gall-bladder contained f 3 ij. of clear fluid resembling water, and three gall-stones, weighing forty-five grains. Bladder empty. Uterus of the usual size, very pale; on the anterior surface, near the fundus, were two fissures running obliquely; one two and a half inches long, extending to the mucous membrane; the other, one inch and three fourths, extending half through the muscular coat. The substance of the uterus yielded easily to the knife, and would tear readily in any direction; it was so much softened that I could easily pass my finger through to the mucous membrane, which was of a firmer consistence, and of an uniformly white color. The mucous coat could easily be separated from the muscular. The cavity contained a small quantity of semi-fluid substance, with a few small clots of blood, and emitted a disagreeable odor; cervix natural.

What was the cause of this softening? There was no sign of previous inflammation, or indication of gangrene.

#### CASE OF OVARIAN DROPSY TREATED BY INJECTION OF IODINE. DEATH.

[Read before the Boston Society of Medical Observation, March 19th, 1855, by GEORGE C. SHATTUCK, M.D.]

THE case to be reported this evening is one of ovarian dropsy, where measures intended to relieve and to cure proved fatal.

The patient was an Irish woman, 40 years of age. She entered the Massachusetts General Hospital on the 17th of July, 1854. She



had been twenty years in this country, a single woman, always in good health. She had worked hard, and in a kitchen where she was exposed to changes of temperature, to cold and to wet weather. She was of a medium size, and had the appearance of a healthy person. Two years before coming to the hospital she noticed her abdomen getting larger, but she kept on working, though the belly continued to swell; she was losing strength, and there was some oedema about the ankles, and emaciation. Her menses had always been regular. She complained of pain in the hypochondriac regions at intervals. She had done no work for a month; the appetite sufficient, the bowels regular, the urine scanty. The abdomen was quite tense, and measured forty-one inches across the umbilicus. The fluctuation was evident, but the distension was too great to enable me to ascertain whether there was any tumor in the cavity. She took diuretic medicine, and on the 19th a half grain of elaterium, with rhubarb five grains. This was followed by four large liquid dejections without pain, and on the 21st the abdomen was found to measure less by one inch.

On the 31st she was tapped by Dr. Parkman, when two gallons and one pint of a brownish ropy fluid were removed. She did not sleep the following night, and the next day was found a hard resisting body of the size of two-thirds of the fist in the left inguinal region, and a smaller tumor of the size of an English walnut in the right iliac region. She was ordered to drink freely of a solution of the cream of tartar, and an ointment of a drachm and a half of the hydriodate of potash and of a drachm of iodine to the ounce of lard, was rubbed into the skin over the tumors, night and morning. Her catamenia appeared on the 8th of August, with a good deal of pain. She complained of heart-burn on the 12th. On the 23d it was noted that the effusion was rapidly increasing, and that the tumor in the left groin was larger. On the 24th she was put on the bromide of potassium three grains to the ounce of water, three times a day. On September 2d she complained of soreness in the region of the larger tumor, which was found to be more prominent. The patient was anxious that something should be done to get rid of her disease. Her general health was very good, the appetite good, the digestion easy, the bowels regular. It was proposed to the patient to remove the fluid and to inject iodine into the ovarian sac. She was very desirous that this should be done, and after consultation on the 5th October, Dr. Parkman introduced the trocar, eight quarts of fluid were removed, and four ounces of warm tincture of iodine were injected through the canula.

Dr. Bacon examined the fluid and found it of a dark greyish color, ropy, turbid, and feebly acid, containing a good deal of albumen and a small deposit of altered pus globules and epithelium. She had a very comfortable day and night, there was no pain, even on pressure; the skin moist, the pulse 104. On the 7th she complained of pain and soreness in both iliac regions, of more in the right, which was decidedly more tender on pressure; she had some

headache, the pulse 100, small, regular, the skin natural, no dejection. A laxative draught was repeated, and she took ℥ii. of the spirits of nitrous ether, thirty drops of the tincture of hyoscyamus, and 20 drops of the wine of colchicum every eight hours. The next day her pulse was at 90, the pain and tenderness subsiding. On the 13th the abdomen was found full, resonant, superiorly, but flat from 1 1-2 inches below the umbilicus to the pubis. A hard movable tumor was felt in the left iliac and lumbar regions, and another just above the right groin. She was walking about on the 16th. The tincture of iodine was applied to the lower abdomen and she took the hydriodate of potash for a few days. On the 20th, she rode to Summer St. and back without inconvenience or much fatigue. The abdomen was increasing in size, notwithstanding constant pressure by bandaging. It was proposed to remove the fluid before the sac should have been fully distended, and to inject iodine again, which might come more thoroughly in contact with the walls of a smaller sac. The patient did not feel the same spirits or courage in looking forward to this operation as to the first, after which also she expressed herself as feeling much relieved, and as very hopeful of ultimate success.

On the 27th October, 22 days after the first operation, the abdomen was again punctured very carefully, and 2 1-2 quarts of fluid, ropy, but of a lighter color than the last, were obtained. She complained a good deal when the trocar was introduced. Four ounces of the compound tincture of iodine were injected, great care being taken to keep the trocar in place, and to avoid getting any of the iodine into the peritoneal cavity. About 30 minutes after the operation, she complained of being chilly, and asked for hot drink. There was nothing else remarkable in her condition till evening, when she complained of abdominal pain, and she had a restless night. She took of morphia in solution, a quarter of a grain every two hours, until she had taken six doses, and, then, two grains of opium were administered. She drank weak brandy and water.

On the forenoon of the 28th, the pulse small and weak, frequent; the skin moist, rather cool. She still complained of the abdominal pain as severe, but was less restless. She was ordered to take two grains of opium every four hours, having vomited after the fifth and sixth doses of morphia. She slept during the day, was restless at night and delirious.

On the 29th, she was found lying on the left side with her knees drawn up, the abdomen very tender on pressure. She had taken ten grains of opium in two-grain doses during the last twenty-four hours. Nausea, vomiting, the pulse scarcely to be felt. She died at two in the afternoon of that same day. No autopsy was allowed.



## NEW PHASE OF EMPIRICISM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following advertisement has repeatedly appeared of late in one of our papers:—

“To nervous sufferers.—A retired clergyman, restored to health in a few days, after many years of great nervous suffering, is anxious to make known the means of cure. Will send (free) anywhere the prescription used, on receiving a letter, post-paid. Direct to Rev. ———, Brooklyn, N. Y.”

Also another of the same character, purporting to come from a retired physician. The advertising parties are, however, business associates.

Being particularly interested in the study and treatment of nervous affections, and thinking, from the apparent absence of mercenary motives in the above, that the remedy therein referred to might probably prove novel as well as useful, I sought the proffered information, and received the circular which I send you. This will show that under the seeming guise of liberality and philanthropy, the advertiser states the mode of preparation and recommends the *empirical* employment of a powerful drug, and then generously offers to supply the same ready for use at a sum only sufficient to pay incidental expenses, at the same time cautioning those who may prefer to prepare it themselves not to purchase the necessary articles of any but their agents as the only security for genuineness.

My object is to present to the profession some extracts from the circular alluded to, sufficient to exhibit the character of the agent recommended, and the means employed to encourage its empirical use.

[Our correspondent probably did not notice that the Circular alluded to by him was secured to the author by copy right. We omit the extracts which he has marked, and give the remainder of his observations upon them.—Eds.]

The active principles of the bean of St. Ignatius, here so highly lauded, are the same as those of *nux vomica*, the chief of which is that well-known alkaloid *strychnia*, but of which it contains thrice the proportional quantity.\*

This is notoriously an agent of great power, as well as value, requiring, however, even under the immediate supervision of the physician, much judgment and care in its use, as it is capable of doing serious injury, even to the speedy destruction of life if improperly or unduly employed.

Though there is nothing new to the profession in the agent or views thus presented, yet the publication of the above furnishes it with the means to expose the character and guard the public against the indiscriminate and empirical use of at least one of the numerous advertised nostrums.

MEDICUS.

Philadelphia, Feb. 27th, 1855.

\* See United States Dispensatory.

## REPORTS OF CASES IN PRIVATE PRACTICE.

BY A. W. MACK, M.D., JANESVILLE, WIS.

[Communicated for the Boston Medical and Surgical Journal.]

*Stricture of the Urethra, with Fistulous Opening in the Perineum.  
Operation by Syme's Method, &c.*

FEB. 1st, 1851.—I was requested by Dr. B., of S., to visit a patient of his (a young man, æt. 18), who was suffering from a stricture of the urethra, with a fistulous opening in the perineum. Some four years before, this patient had fallen from a height of some ten or twelve feet, astride a pole, receiving a severe contusion of the perineum. Considerable swelling had followed the injury, and a superficial abscess formed, which continued discharging for some three or four weeks, but ultimately healing without communicating with the urethra. A constriction of the canal, however, with difficult micturition, was the consequence, and the patient had been under the frequent necessity of having recourse to the catheter, which for the last two years he had usually introduced himself without much difficulty. About three months since, a swelling had appeared in the perineum, which had gradually increased, until a large abscess had formed, which broke externally and also at the same time perforated the urethra. At the present time there exists a fistulous opening as large as a goose quill, which communicates with the bulbous portion of the urethra. The canal anterior to this has become entirely impervious, no urine discharging from the meatus; and the passage of a No. 1 bougie has been found quite impracticable.

Upon a full consultation, it was decided to divide the stricture by the perineal section. This operation was therefore performed on the 3d. A silver catheter having been passed along until it reached the point of stricture, an incision was then made down upon the end of the instrument, the constricted portion of the canal divided, and the catheter passed on into the bladder, where it was directed to be kept while an effort was made to heal the fistula by the use of the nitrate of silver. As the patient resided some sixteen miles from me, I did not see him again, nor hear from him, until the 15th, twelve days after the operation, when I received a note from Dr. B., requesting my immediate attendance, as "something was going wrong." On my arrival, I was informed by Dr. B. that during the night immediately succeeding the operation, the catheter had become loosened and slipped out of the bladder, and that on the next morning he, "*with great difficulty, and after persevering for more than an hour,*" had succeeded in introducing it; but no urine had ever passed through it since, but had all been discharged by the fistulous opening. Notwithstanding this fact, however, the instrument had been securely fastened in its situation, and had not been removed until last evening, when the patient, who could endure its presence no longer, had unfastened the tapes and pulled it out himself. The boy looked worn and haggard, coun-



tenance shrunken, and a hectic flush upon the cheek; pulse 130, small and wiry; tongue foul, and bowels loose. The perineum was excoriated and very tender, the fistulous opening greatly enlarged, and discharging a thin, unhealthy-looking pus. Taking the catheter, I passed it, very readily, down through the seat of the original stricture, until it came into view at the bottom of the fistula. Carrying it along gently from this place, I found that it slipped easily in a direction downward and backward, until its further progress was arrested by the rings resting upon the glans penis. From its position and the distance to which it had passed, it was evident that it was not in the bladder; and upon now introducing my finger into the rectum, I there found the free end of the instrument which had entered the bowel underneath the prostate gland. I will here remark, *en passant*, that at the time of the operation, a careful examination was made to determine as to the existence of a fistulous opening into the rectum, and no such opening was then discovered. That the intervening structures could not have been, however, in a perfectly sound condition, I think evident from the fact that the catheter was passed down nearly its whole length, by Dr. B., on the morning after the operation, and from the evidence of the patient and his attendants, I have no doubt but that it had perforated the bowel within at least twenty-four hours thereafter; and although great force was undoubtedly used by Dr. B. in his unfortunate efforts, still it is scarcely possible that he could have forced the smooth blunt end of the instrument through structures as firm as those through which it had passed, if they had been in a normal condition at the time. Upon a careful examination of the opening in the urethra, I found that it now extended back nearly or quite to the triangular ligament; and as this opening at the time of the operation was through the commencement of the bulb of the corpus spongiosum, the additional length which it had since attained must be attributed either to lacerations by the catheter, or to destructive ulcerations. A considerable portion of the bulb of the corpus spongiosum, together with the adjacent integuments, had sloughed away, leaving a large external opening through which the extent of the laceration in the urethra could be determined with tolerable accuracy. It would seem most probable that Dr. B., in his efforts to introduce the catheter, had torn open the urethra, back nearly or quite to its membranous portion, and then having pushed the instrument down between the deep and superficial perineal fascia he had depressed the handle, in order, as he supposed, to carry the point into the bladder, and had thus forced his way through the triangular ligament, near the reflection of the superficial fascia, and from this point downward and backward into the rectum underneath the anterior portion of the prostate gland. After satisfying myself as to the actual condition of the parts, I withdrew the catheter from the rectum, and with but little difficulty succeeded in passing it into the bladder, when a free gush of urine through it immediately followed.

The sequel of this case was as unfortunate as its already recorded history ; for after some three months of lingering misery he died, the fistulous sore never healing, and urine discharging through the rectum, and feces by the opening in the perineum, until the day of his death. Of this last event I was not notified until some two weeks after its occurrence, and I learned from Dr. B. that no post-mortem examination was made.

I have condensed the foregoing facts relative to this unfortunate case from copious notes taken at the time, and conclude the narrative without comments.

*Case of Fungoid Disease of the Superior and Inferior Maxilla.*

J. D., a healthy robust boy, æt. 14, who had never been sick twenty-four hours in his life, and whose parents were healthy laboring people, came in from work on the evening of July 2, 1852, complaining of a dull pain in the molar teeth of the left upper jaw. The pain continued during the night, and steadily increasing for the next twenty-four hours, the family physician was called in, who, not being able, on a careful examination, to detect any diseased condition of the teeth or jaws, concluded that the difficulty was neuralgic, and prescribed accordingly. No relief, however, was obtained, and for the next five or six days the patient continued in extreme suffering. On the morning of the eighth day a small tumor was observed near the insertion of the second molar tooth of the affected side. This rapidly enlarged, and on the next day the opposite side commenced swelling, and very soon after the whole lower jaw became similarly affected, so that on the eleventh day, when I was called to see him, the whole mouth was filled with an immense fungous growth, which distended the cheeks to their utmost capacity and nearly closed the passage to the fauces. The surface of the tumor was slightly irregular, shining and elastic, and invested with a thin, tough membrane. The teeth were almost completely buried in the fungous mass, and were so loose that they could be removed with the fingers without difficulty. I removed two of them in this manner. Their roots were heavily coated with a tenacious gelatinous substance, in some places slightly vascular, and which from its appearance I supposed to be plastic lymph. Out of the cavities from which the teeth were taken, dark grumous blood flowed in free quantities. The patient was quite free from pain, and had been so since the appearance of the tumor. The tongue was clean and moist, the bowels open, and the pulse natural. At the earnest request of the patient, I made an exploratory incision into the tumor at the point where it first commenced. The substance cut into was of a soft consistence and of a greyish color ; dark-colored blood flowed freely from the incision. On passing the probe down upon the bones, they were found to be completely broken down, and large numbers of thin scales and small spicula were easily removed.

The nature of the disease being now quite evident, and a fatal



result being inevitable, no further interference was deemed advisable, and the patient was left with directions to take no medicine, except it might be a little morphine to allay suffering. He died on the eighteenth day, from suffocation.

Upon a post-mortem examination, the superior maxilla was found in a softened and diseased condition in almost every portion. The tumor filled up the antrum of each side, and the cavity of the nose, and extended back into the fauces. Anteriorly it had broken through the antra, and extended over the whole surface of the jaw, with the exception of a small space in the centre which was unaffected. The inferior maxilla was covered by the fungous growth, and the alveolar process entirely destroyed. The substance of the tumor was of a greyish, greasy appearance, interspersed with cells, containing dark grumous blood, and was divided into numerous partitions by their cellular substance. The viscera and other portions of the body were in a normal condition.

It would seem, from the history of this case, that the disease had first commenced in the antrum of the left side; the pain which existed before the appearance of the tumor being probably due to the pressure of the growing mass upon the walls of the cavity. Its rapid extent from this point across to the opposite side, can be readily accounted for, as the intervening bony structures were found entirely destroyed; but its almost simultaneous appearance in every portion of the lower jaw, is of rather more difficult comprehension.

### MERCURY.

[Communicated for the Boston Medical and Surgical Journal.]

THIS substance has a score of names, some of them derived from its sensible properties, and some of them suggested by circumstances of association. Aqua sicca, Aqua metallorum, Argentum liquidum, fusum et mobile, are among the number.

Gemelin—*appar. medic. corpora. metallica.*, Vol. II., p. 1—says, "Mercury is indebted for its many appellations to the mysterious and cabalistic part which the seekers of the absolute and the philosopher's stone caused it to act for many centuries; and to the fact that physicians made it a rule to hide from their patients its real name, which would have frightened them, or which the physicians desired from other motives to conceal." Before the fifteenth century mercury was not known in therapeutics. Wiedman published a treatise in 1497, entitled *Trait. de Pustulis et morbo qui vulgato nomine mal de Fraigos appellatur*, which caused it to be extensively used thereafter. The Arabs had previously employed mercury as an external application only. Since its introduction there is scarcely an important disease for which it has not been employed. It was formerly supposed that mercury exercised its curative influence by expelling the materies morbi during sali-

vation. In the sixteenth century it was ascertained that its therapeutic influence was not commensurate with the pyalism produced, nor dependent upon the buccal excretion. The frequent use of mercurial preparations gave rise to many serious and undesirable results. Trousseau and Pideaux (*Traité de Thérapeutique*, Vol. I., p. 172) enumerate, among the number, bad humors, ulcerations of the month, tongue and pharynx, necrosis of the jaw, diarrhœa, trembling, delirium, mania, and acute cutaneous affections. The case of a worker in mercury, under treatment in the Hospital of St. Antonio, for persistent bone pains, is cited. Vol. I., p. 174, they state that "mercurial cachexia, which is generally rapid, develops itself in a few days under the influence of an active mercurial treatment. Among workmen who employ mercury, among miners, and patients who take for a long time small doses of mercury, the cachexia develops itself slowly, but always with its characteristic symptoms—bloating, lividity, bleeding of the gums, œdema of the face and lower extremities, serous effusion in most of the cavities, habitual diarrhœa, dulness of the mental faculties, and trembling."

The same authorities relate in regard to the use of mercury, that "Velpeau employs from one to two ounces a-day of the ointment to produce speedy pyalism in puerperal fever. We have been bolder, and we have prescribed it in quantities of from three to five ounces. Paul Dubois has even used from one to one pound and a half." Corrosive sublimate was employed as early as the tenth century by Rhazes and Avicenna, but did not come into frequent use until six hundred years had elapsed. Its first application was externally for ulcerations, pustules in the face, &c. Afterwards it was employed in the form of injections for specific disease.

Albumen is the principal agent by which the effect of poisonous doses may be best counteracted. A recent instance in the writer's experience verifies it. Between four and five grains of the bichloride had been taken with the design of suicide, and half an hour elapsed before antidotal treatment was commenced. Repeated doses of album ovi were administered, with intermediate draughts of flour and water. The stomach was already distended by food from a recent meal, and immediate vomiting ensued. Perfect recovery took place, without any unfavorable symptoms. Doubtless the contents of the stomach afforded a temporary immunity from the influence of the poison and aided in its expulsion.

Among the accidents consequent upon the prejudicial use of hydrargiral preparations, are chronic periostitis, accompanied by severe pain in the shaft of the long bones. The daphne mezereum is a remedy capable of removing this affection.

The ability of mercury to act upon the vital organization seems to depend upon the minute subdivision and disintegration of its atoms. The constituent elements of blue pill, loosely united by slight mechanical combination, would have but little modifying influence upon the body. Comminuted by attrition, the particles



exercise their latent capacity to act by reason of increased expansion and contact. The late Dr. Carpenter, of this town, esteemed sulphur to be a valuable remedy for hydrargyrosis, and the experience of other physicians confirms this opinion. E. S.

Attleborough, February, 1855.

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### THREE CASES OF DISEASED TESTICLE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Herewith I send you three cases of diseased testicle removed by me, and the results. They are at your service.

CASE I.—N. S., aged 44, farmer, had pain, tenderness, swelling and flushes of inflammation in one testicle. During the season a great variety of treatment was tried by his physician—Dr. Steele, of Delhi—such as leeching, muriate of ammonia, iodine, emetics, cathartics, &c. Leeching produced temporary relief. Finally, by advice, he chose an operation. I performed it, assisted by Dr. Steele. On dissection, we found the removed testicle largely cartilaginous, and indurated nearly throughout, with patches of pus. Its size was that of a very large goose egg. It was removed in 1833. He still lives in this town, and is in good health.

CASE II.—W. S. W., aged 18, presented himself with a testicle enlarged to the size of a pint measure. It extended up the cord, nearly to the external ring. The enlargement commenced one year before, with pain in the body of the testicle. It had been prescribed for by two physicians, one of whom treated it with leeches. It had been lanced occasionally, and discharged a bloody, dark matter. I recommended removal of the mass, as a *dernier ressort*, feeling, as I now do, that these canceroid diseases of the testicle are usually fatal, so that even removal appears to be a doubtful expedient. Assisted by Drs. Howard and J. I. Merwin, of Delhi, I proceeded to the operation. Chloroform was administered. The dissection was considerable; a number of arteries were tied, and the cord was tied high up within the ring.

This was a very large mass of disease, reaching to the other testicle and urethra, and the whole tunica vaginalis, so that the dissection was very tedious, yet without pain. On examination, it appeared to be encephaloid. I find written in my book—"Patient recovered without untoward symptoms." In four or five weeks the wound was healed, and I removed him twelve miles to his friends. About three weeks after the operation, he was taken with inflammatory symptoms in the chest and abdomen, which yielded tardily under active counter-irritation and other treatment. After being discharged well, and remaining at home a week or two, he was suddenly thrown down with pain and indications of inflammation of the bowels. He was better in a few days, but in a week or so he suddenly had a second attack, and died in two or three days. I

need not enlarge on this case, as this is mostly the fate of similar ones.

CASE III.—J. W., aged 35. This was a case of encephaloid disease of the testicle. The organ was very large, weighing about four and a half pounds. The patient was of feeble constitution, but kept up his strength by out-door exercises. The tumor was soft in some places—hard and cartilaginous in others. I removed it in January, 1852, assisted by Drs. J. I. Merwin and H. D. Gilbert, then of Deposit, Delaware Co., N. Y. Chloroform was administered. He continued far more comfortable than he had been before the operation, but did not gain appetite or strength for some weeks. The wound did not heal very well. He rallied at times, and then he would fall back. Six weeks after the removal of the testis, he died exhausted. Post-mortem examination showed the disease to have involved the whole abdominal viscera.

CASE IV.—A boy, 16 or 18 years old. Tumor as large as a moderate-sized fist of a man. I sent him to Dr. March, of Albany, who removed the testicle. The boy died a month or two after.

*Delhi, N. Y., March, 1855.*

FERRIS JACOBS, M.D.

## **Hospital Reports.**

### MASSACHUSETTS GENERAL HOSPITAL.

*Case of Typhoid Fever—Short Duration.*—(Under care of Dr. SHATTUCK. Reported by S. F. HAVEN, Jr., House-physician.) March 15th.—P. R., æt. 21, single. Brassworker. Entered yesterday. By report of his mother he has not been quite well for three or four weeks; he was exposed to cold on the 6th, from which time his illness dates. Did not work on 7th. Worked on 8th and 9th. On 10th was seen by Dr. Coale, when he had considerable fever, headache, pains in limbs and back, and constipation. Copious perspiration was induced on night of 9th. Took sol. salts, potas. nitrat. and antimon., which produced free catharsis and diaphoresis, without relief to headache. On the 11th, pulse quite as frequent, and tongue dry. On the 12th, urine high colored and scanty; abundant epistaxis that evening. Now lying on back. Expression of stupor and prostration. Pulse 104. Skin moist; temperature nearly natural; no headache. Tongue dry. Abdomen full, resonant, rigid. Some sudamina; no distinct rose spots.

16th.—Pulse 112, sufficiently strong; skin moist; respiration 30; countenance rather flushed. Sounds of chest normal. Abdomen quite full. Some small rose spots. No dejection. Took gruel with difficulty.

17th.—Quite a restless night. No dejection. Pulse 128. Takes drink or medicine with great reluctance. Subsultus tendinum. Hands, when raised, remain in same position for a few moments, trembling. When asked to put out his tongue, does not succeed. Great tremor of lips. Urine passed involuntarily. R. Tinct. opii, gtt. xl. and repeat in two hours.

18th.—Took draught three times. Some somnolence. Was more quiet, and died about 5, A.M.

The noticeable points in this case are, its shortness of duration and the



cerebral symptoms, indicating almost a cataleptic tendency. Some depressing causes at the commencement of the patient's illness, probably influenced the course of the disease.

*Post-mortem Examination of a Patient who died from Injuries at Rainsford Island Hospital.* (Furnished by CHAS. E. STEDMAN, M.D., House-surg. to the Mass. Gen. Hospital.)—The patient, aged about 70, was said to have been kicked in the pubic region and in other places on the 19th of January last; and died at Rainsford Island on the 29th of January, after suffering from retention of urine and great prostration.

*Autopsy*, made at the House of Reception, North Grove street, Boston, February 1st, 1855. *Externally*.—Body, that of a man from 60 to 70 years of age—much emaciated. On the right leg was a large diffused ecchymosis, extending from the upper third of the leg to the ankle, and principally on the outside. Three spots of abrasion noticed on the same leg, in front of the tibia, and in about the centre of the before-mentioned ecchymosis. Scrotum, on right side, in a state of mortification, being completely disorganized as far as the ramus of pubis. On the right groin, from the symphysis pubis to three inches beyond the crest of the ilium, and two inches above Poupert's ligament, there were found large ecchymoses. Between the skin and superficial fascia, in the right groin, a quantity of pus and coagulated blood was observed, as also between the scrotum and the tunica vaginalis. Right testis was partially adherent to its sac. Pus was found on the left side, between the dartos and tunica vaginalis; left testis healthy.

*Internally*.—The upper surface of the bladder was adherent to the peritoneum and was gangrenous. There was a fistulous opening through the perineum and membranous portion of the urethra into bladder, continuous with sloughing of testicle. The mucous coat of the bladder was completely disorganized; a dark leaden color throughout hypogastric region. Small deposits of pus were found in each kidney.—C. H. Stedman, M.D., F. S. Ainsworth, M.D., Examining surgeons.

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## Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

FEB. 12. *Empyema—Fistulous Communication with Lungs—Paracentesis Thoracis—Cure.* Reported by J. MASON WARREN, M.D.—This case was interesting from the fact that a free communication existed between the purulent collection in the chest and the air-passages; nature having made an attempt, though an ineffectual one, at relief in this direction, and death must have been the consequence but for surgical interference.

The patient was a young man, 20 years old, of good constitution, and not of a tuberculous family. In March, 1853, he was seized, after exposure to cold, with a severe pain in his right side, which confined him for six weeks to his house and bed; it was not attended with cough or expectoration. After this period he went out, and was able to employ himself partially in his ordinary avocations. In the month of June following, he was suddenly seized, while at dinner, with a violent fit of coughing; he left the table, went into another room, and expectorated about two quarts of pus. From this time his cough and purulent expectoration continued, being more

severe at intervals of a week, when the chest emptied itself of about the same quantity as at first.

Dr. W. was requested to see him, in the country, on the 24th Oct. He was then pale, emaciated, skin hot, pulse 120. His appetite was good, and he took the same amount of food as in health. His system was gradually giving way under the disease, and he was very desirous of having an opening made into his chest, which idea had suggested itself to him, and had not been derived from others.

On examination of his chest, it was observed that the right side was enlarged, and that the lower intercostal spaces were rather protruded than depressed. There was no decided prominence, or pointing, at any particular spot. On percussion, the right side was quite flat, except for a space of one or two inches below the clavicle, where there was a subcrepitant râle. Succussion caused a loud, swashing sound, which was heard by the patient himself, and had probably brought to his mind the idea of relief from a puncture. The respiration on the left side was strongly puerile.

The chest was punctured with a delicate trocar, about four inches from the spine, between the ninth and tenth ribs, and Guérin's syringe being applied, a pint and a half of thick, healthy, inodorous pus was withdrawn. No cough or constitutional disturbance followed. Great relief in breathing was at once perceptible, and he rose up and walked about the room in high spirits. The lung expanded, and respiration could be heard along the spine, and for one or two inches below the scapula; also much lower down than before in the front part of the chest.

On the fourth of November this patient was so much better as to be able to make a visit to Boston. His cough was now less, he had gained flesh, and his strength was increasing. The respiratory murmur could be distinguished all along the spine, quite clear and free from crepitus. The side was flat on percussion, and the respiration only heard at a distance. The sounds of the heart were transmitted. On the 15th, finding that the pus was again collecting, the chest was punctured, and twelve ounces of fluid drawn off with relief. As the pus continued to collect and the symptoms to recur, there seemed but little probability of a cure without having recourse to a permanent opening. It was therefore decided to introduce a large trocar, and leave the canula in the wound. To facilitate its introduction, as it was feared the thickened pleura and false membranes might resist, an incision was first made through the integument, and the trocar then pushed forcibly in. What had been feared as a possible occurrence, happened; the instrument did not penetrate the cavity of the chest, and nothing but a few drops of blood issued. It was thought best to delay a repetition of the puncture for a few days, and watch the symptoms. A slight irritation took place in the wound, under which the cough subsided, and after a week he proposed to return home, and if necessary make another visit to town and have the operation repeated.

He was not heard from again until the 9th January, when Dr. W. was called to see him in the country, laboring under very alarming symptoms. He was confined to his bed, in an extreme degree of emaciation; pulse 150; skin clammy. The expectoration was profuse, and so offensive as to make it difficult to remain in the same room with him. He said that on his return from his last visit to Boston, the weather being very bleak, he was much exposed and took a severe cold, from which time the symptoms had all been unfavorable. The expectoration was so nauseous as entirely to destroy his appetite, and the cough was constant and painful. His vital



powers were so reduced that some hesitation was felt in attempting any operation, but the patient was so urgent that it should be tried, and it being the only chance for life, that it was resolved upon. The fine trocar was used as at first, and two quarts four ounces of fetid pus were drawn off, and with immediate relief. The air passed freely in and out of the canula during respiration. He was directed to keep the aperture in the canula closed with a cork, which was to be removed twice daily, and the pus evacuated. The patient, from this time, under the judicious management of his physician, gradually recovered, and in May he was able to present himself in Boston in good health. He has since been seen by Dr. W., in November, quite stout and healthy, and has no cough or expectoration. He employs himself during most of the day in his trade of watchmaking. The lower part of the right side of the chest is flat; there is no contraction of that side. Respiration is heard below the scapula, without crepitus. Dr. W. said that he had been assisted in the above case by the able advice of Dr. Bowditch, and in the last operation by Dr. Slade.

FEBRUARY 12.—*Pleurisy. Empyema. Pus drawn off by a Puncture in back. Afterwards Pointing, and an opening made in front. Hemorrhage at the end of two years and a half from the anterior opening.* Dr. WARREN also related the following case. A gentleman, aged 45, in the winter of 1849-50 had an attack of pleurisy on the left side. Pus formed there, and was drawn off by a puncture in the back with a fine trocar and canula, and great relief afforded. Subsequently there was pointing in the front of the chest; an opening was made with a lancet and the pus evacuated. The patient recovered his health, but a purulent discharge continued to flow from the aperture made by the lancet. A few weeks before he was seen by Dr. W., a sudden discharge of blood took place from this opening, and, recurring once or twice, reduced his strength and incapacitated him for business. At this period the pus having made its way out of the chest, escaped through two openings in the integuments by a tortuous route. With a probe, the rib in a carious state could be detected at the bottom of these. It was thought probable, on consultation, either that from the pus being retained in the chest on account of the small size or irregularity of the openings, or from the diseased rib, a source of irritation existed which gave rise to the hemorrhage. With this idea it was decided to dilate the external openings by means of prepared sponge. This was found to be a matter of some difficulty on account of the great irritability of the parts, and could be done but imperfectly; but the patient received a temporary relief from it. The hemorrhage, however, was shortly repeated, and more alarming than at first, accompanied by the appearance of purpura over the whole body, and bringing him into an alarming state of prostration. It was now clear that something decided must be done, or the patient would sink; and on further consultation it was agreed that the rib should be cut down upon, the carious part removed, and, if thought expedient, by the knowledge thus acquired, a free opening made into the chest. The patient being etherized, a somewhat laborious dissection was required to expose the rib, on account of the accumulations of lymph over it, which had gradually collected and obscured the opening into the chest. About an inch of the bone in a diseased state was excised, and the pleura, much thickened by inflammation, exposed. An aperture, about an inch long, with thickened edges, was now seen, which being enlarged laterally, allowed the fore finger to pass freely into the cavity of the thorax. It was ascertained that the interior of the pleura was lined with a highly-vascular, spongy tissue, bleeding on the slightest

touch, which probably being irritated by the retained pus had given rise to the profuse hemorrhage. The patient being turned on his side, a large quantity of pus and blood ran out.

From the time of the operation he began regularly to improve, and with the exception of a very slight discharge of blood from the chest on the day succeeding the operation, had no farther difficulty. Dr. W. said that he had seen him this day, February 12th, two and a half years since the operation, in the most perfect health.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 29, 1855.

### MORTALITY OF BOSTON DURING THE PAST YEAR.

THE number of deaths in this city during the year 1854, was 4,441, being an increase of mortality over that of the preceding year of 157; while the increase of births during the same year, was only 92, the average yearly increase during the last six years having been 124, and the increase in 1853, 288. Since 1852, the excess of births over deaths has been gradually diminishing. In 1850 the excess was 1,612; in 1851 it was 1,483; in 1852 it was 1,572; in 1853 it had decreased to 1,312; and in 1854 it was reduced to 1,247. No causes are assigned for these facts in the City Registrar's Report, from which we obtain the above statistics, but a probable reason has been suggested to us in the large and increasing practice of procuring abortions with criminal intent. It is time that public attention should be called to the alarming extent which this practice has attained in our community. There is scarcely a physician in Boston who is not occasionally solicited to procure an abortion, either in order to conceal disgrace, or to avoid an increase of family. We need scarcely add, that no respectable member of the profession would listen to such a proposal, the trade being wholly confined to empirics, or to those few members of the faculty who are no better.

The causes of deaths have not been ascertained with all the accuracy desirable, owing to the present method of reporting. It is made the duty of the funeral undertakers to furnish the name, sex, age, residence, &c., of the deceased, together with the cause of death. In many instances, it is impossible to ascertain any thing more definite concerning the disease or cause of death than that it is "of the bowels," or "the brain," as the case may be. Hence in the tables of the causes of death, we find besides Inflammation, Congestion, &c., of the Brain, "*Disease of the Brain*;" besides Diarrhœa, Dysentery, Cholera Infantum, Inflammation of the Bowels, &c., we have "*Disease of the Bowels*." There is Inflammation and Congestion of the Lungs, and afterwards, to cover all inaccuracies in diagnosis, comes "*Disease of the Lungs*." But one person died of "inflammation of the Pleura," while 41 were victims to Pleurisy! We hope that the City Council will turn their attention to this subject, and cause the returns to be made by physicians, which is shown by the reports of the New York City Inspector to be much more satisfactory than our arrangement.

As usual, Consumption plays an important part among the fatal diseases, the number of deaths from that cause having been 752. There were 261 fatal cases of Cholera. Next in order come "infantile diseases" (294), Lung Fever (250), "Teething" (181), "Dropsy in the Head" (166),



"Convulsions" (156), Dysentery (149), "Croup" (145), Smallpox (118), "Marasmus" (106). The absurdity of some of these denominations of disease in a statistical report is obvious, and seriously impairs its value.

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THE WORKS OF PROFESSOR J. Y. SIMPSON.

It gives us great pleasure to announce to our readers that the writings of this distinguished accoucheur are now being collected into a volume. They have been scattered through the pages of various Journals, or printed in pamphlet form, &c. The capital treatise on "Homœopathy, its tenets and tendencies," has been issued in a separate and handsome volume, and should be in the hands of every practitioner who delights in the exposure of injurious imposture.

The editing of these valuable papers is committed to the competent care of Dr. Horatio R. Storer, assisted by Dr. Priestley, of Edinburgh. Dr. Storer's abilities are well known to the profession here, and both he and his coadjutor have had the great advantage of close personal intercourse with Dr. Simpson, and of seeing a very large number of cases in his practice, many of which have been entrusted to their care. Such unusual opportunities, while they peculiarly fit these gentlemen for their undertaking, lend, in addition, the stimulus of gratitude for the kind interest manifested towards them by Dr. Simpson, who, to judge from Dr. Storer's letter to us, seems to have completely won the hearts, as well as impressed the minds of his pupils. We congratulate the profession both here and abroad upon the prospect of so welcome an addition to its information, and are sure that our young townsman will acquire increased reputation from his share in the undertaking. By the kindness of Prof. D. H. Storer, of this city, we are favored with the first proof-sheets of the forth-coming volume; from which, and from others promised as issued, we are authorized by the Editors to publish extracts in our pages. The portions which we shall thus present are entirely new, having never before been printed. While our thanks are due for the opportunity thus afforded us of promulgating these fresh communications, we trust the medical public will be all the more ready to give a warm reception to the work, of which an American edition is to be issued simultaneously with the one printed in Edinburgh.

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COPYING ARTICLES WITHOUT GIVING CREDIT.

It is usually considered an act of courtesy, if not of justice, for the editors of respectable periodicals, when copying original articles from other journals, to acknowledge the source from whence they were obtained. We were, therefore, not a little surprised to notice recently in two of our exchanges the publication of communications which first appeared in the Boston Medical and Surgical Journal, without any intimation that they were taken from our pages. The "*Medical Counsellor, or Weekly Gazette of the Medical and Physical Sciences*," published in Columbus, Ohio, for March 17th, contains an article on the effects of the *Spigelia Marilandica*, by Dr. G. W. Spalsbury, but does not state that it was taken from this Journal, where it will be found in our fourth number (for March 1st). We also find the Report of the Boston Society for Medical Observation, furnished by Dr. Hodges for the same number of this Journal, copied without acknowledgment by the *American Medical and Surgical Journal*, published simultaneously in Syracuse, N. Y., and Cincinnati, Ohio, March, 1855 (Vol. VII., No. 3). While we are flattered thus to see our articles re-printed by others, as an indication of their value, we must exclaim against the injus-

tice of appropriating them, without acknowledging the source from which they were derived.

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*Suit against Dr. Crosby for Mal-practice.*—Dr. Crosby, after undergoing the expense and vexation of two trials for an opinion given in consultation upon a case of comminuted fracture of the thigh-bone, has, as our readers have already been informed, had a verdict rendered in his favor. The grounds for prosecution are wholly unique, and it is remarkable, even in these days, that a jury should be found to give a verdict of \$800 and costs against the defendant, as was the case at the first trial. The report of the trial is neatly printed, and will be read with interest. A few copies are for sale at this office. See advertisement.

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*New Work on Legal Medicine.*—We are glad to notice that a work on the subject of medical jurisprudence, in its application to the practice of medicine, &c., is in preparation by Dr. Stephen Smith, Surgeon to Bellevue Hospital, New York. The need of such a work has been long felt, and from the amount of materials which Dr. Smith has accumulated, we should hope that the book would be of essential service in protecting medical men against those unjust and vexatious prosecutions of which we have had so many examples of late.

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*Vermont Medical College.*—The spring course of lectures at this institution commenced on March 1st, the introductory having been delivered by Prof. Wm. Henry Thayer, late of this city. The *Spirit of the Age* says, the lecture "received high commendation from all classes of hearers for its able and impressive character. One could not but admire the whole tenor of the lecture, and the impressive manner of the speaker." We cordially echo the writer's concluding sentiments. "The people of Woodstock can congratulate themselves upon the acquisition of such a man as Dr. Thayer, and may look forward with confidence to the continued prosperity of our College."

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*A New Degree conferred by a Medical College.*—At the Commencement of the Jefferson Medical College, held on the 10th inst., the honorary degree of LL.D. was conferred upon the Hon. Chief Justice Lewis. From the fact that Judge Lewis is President of the Faculty and Board of Corporators of the Philadelphia College of Medicine, it may be regarded as significant of the appreciation entertained by the former of its young and vigorous competitor. It also presents a cheering assurance of the kindly and cordial feelings subsisting between the members of the medical institutions of Philadelphia, as is justly observed by the "Inquirer" of that city.

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*Commencement of the College of Physicians and Surgeons, New York.*—The annual commencement of the College of Physicians and Surgeons, Crosby street, was held at the lecture hall of the institution. The room was crowded to excess. Dr. Cock presided, and presented the diplomas to the graduates. The orator of the evening, Prof. Joseph M. Smith, read an elaborate essay, which was well appreciated by the audience. Many hints were thrown out by the Professor which will be of service hereafter to the graduates to treasure up. The exercises concluded with prayer by Rev. Mr. Draper.



*Poison of the Rattlesnake.*—The statement in a late number of this Journal, taken from the London Lancet, concerning the fatal result of a self-inflicted bite of a rattlesnake, attributed to *Dr. Burkett*, in the Pharmaceutical Journal, should have been accredited to our late lamented brother physician *Dr. Waldo I. Burnett*; whose experiments with the poison of this deadly reptile are well known here, and together with the results of his study of the structure of the poison apparatus and the habits of the animal have been from time to time laid before the Natural History Society of this city, and published in their "Proceedings."

*Anatomical Dissections in Maine.*—The following resolutions, passed at a special meeting of the Students in the Medical School of Maine, in Brunswick, March 16, refer to a matter that we shall more particularly allude to hereafter.

*Resolved*, That justice to the Medical Profession, as well as the progress of Science and the cause of humanity, demands the enactment of laws legalizing dissection.

*Resolved*, That while we respect the popular sentiment in regard to this branch of medical study, we feel that duty to the living requires the sacrifice of that sensibility which would forbid anatomical research upon the human subject.

*Resolved*, That *Dr. S. H. Tewksbury*, of Portland, merits our warmest thanks for his untiring efforts in behalf of the Medical Bill before the present Legislature, and that we also tender our thanks to those members of the Senate and House, who so faithfully, though unsuccessfully, advocated the cause of Medical Science.

*Medical Miscellany.*—*Dr. John C. Warren*, of Boston, has presented each of the theological institutions in the United States with a copy of Loring's "Hundred Boston Orators."—The class of Students at the Medical College of South Carolina the past winter numbered 194, and 77 have received the degree of M.D.—On the post-mortem examination of the body of the notorious Poole, whose murder in New York has caused so much excitement, the ball was found lodged in the muscular part of the heart, opposite the septum, between the ventricles: and yet the man lived a fortnight after the accident.—*Dr. Kissam* reports, in the Medical Times, of New York, the case of the late lamented *John W. Francis, Jr.*, of that city. His disease was typhus fever.—The number of patients treated in the Franklin street cholera hospital, New York, last summer, was 606; of whom 255 died, and 351 were discharged cured.—The whole number of admissions into the New York Hospital, last year, was 3,400, of which 1,606 were surgical. The average deaths of the whole was 10 per cent., including coroner's cases; without them, 6 per cent.—*Dr. Henry Fisher*, of New York, recommends the iodide of ethyle as a remedy in some pulmonary diseases.

#### NOTICES.

Communications received:—On Medical Education; A Case of Dislocation of the Femur into the Ischiatic Notch.

Under the new post office regulations it will be necessary to enclose a stamp in all letters of inquiry respecting places advertised in this Journal.

DIED,—At Charlestown, 25th inst., *Josiah Stearns Hurd*, M.D., aged 59 years.

*Deaths in Boston* for the week ending Saturday noon, March 24th. 82. Males, 42—females, 40. Abscess, 1—accident, 1—asthma, 1—apoplexy, 1—disease of the bowels, 1—burns, 1—inflammation of the brain, 2—congestion of the brain, 2—consumption, 16—croup, 9—chicken pox, 1—dysentery, 1—dropsy in the head, 2—dropsy of the heart, 1—drowned, 2—epilepsy, 1—erysipelas, 3—typhoid fever, 4—scarlet fever, 2—scarlatina, 1—hooping cough, 4—disease of the heart, 1—homicide, 2—inflammation of the lungs, 5—marasmus, 1—old age, 2—smallpox, 2—teething, 4—tumor, 1—unknown, 5—worms, 2.

Under 5 years, 42—between 5 and 20 years, 6—between 20 and 40 years, 9—between 40 and 60 years, 14—above 60 years, 11. Born in the United States, 64—Ireland, 14—England, 2—Scotland, 1—British Provinces, 1.

*Position of the Mother during Labor.*—In cases where turning is to be practised, M. Hubert advises that the patient lie upon her back whenever it is necessary that the hand may follow the posterior uterine wall to reach the child's feet. When the hand is to be passed along the anterior or lateral wall, after its introduction into the uterine cavity, the patient should lie upon that side which corresponds to the child's feet.

In pelvic presentations, even when wholly favorable, whenever the breech reaches the perineum, the patient should lie transversely across her bed.

When the face presents and delivery is tardy, the patient should be placed upon the side corresponding to the child's face; and, even, if required, rest upon her hands and knees.

In artificial delivery, the dorsal decubitus is most frequently convenient, and answers all purposes in most cases. It is possible that reclining on one side may facilitate the separation of the placenta when implanted in front or at one side.

In applying the forceps, lying on the back is preferable to any other position. For employing the necessary traction in the axis of the superior strait, lateral decubitus or the position upon the hands and knees may be resorted to with advantage.—*Annales Medicales de la Flandre Occidentale*, 1854.

*Intestinal Obstruction and Evacuation of a Portion of an Intestine*—On the 16th of December, a boy, 6 years of age, was seized with severe pain in the abdomen, which was partially relieved, but constipation followed, with increase of pain. On the 21st, he was seen by Mr. Gay, when he complained of frequent severe attacks of pain; great distention below the umbilicus; dulness on percussion along the course of the colon; the cheeks were of a dusky color; tongue coated; vomiting of brown matter. He was ordered an aperient, which was rejected. Leeches were applied to the seat of pain in the abdomen. On the following day, croton oil was ordered, which, after the third dose, afforded relief, though the pain had not entirely disappeared. The day following, a flat piece of membrane, about four inches in length, was passed—supposed to be the lower part of the ilium. The tenderness disappeared.—*London Lancet*.

*The "Woman's Hospital" in New York.*—This Association is now fully organized: the officers and managers are all ladies, even to the Treasurer and Assistant Treasurer. The "Medical Board" consists of the following gentlemen:—J. Marion Sims, M.D., *Attending Surgeon*; Alex. H. Stevens, M.D., Valentine Mott, M.D., *Consulting Surgeons*; Edward Delafield, M.D., John W. Francis, M.D., *Consulting Physicians*. The present organization is but temporary, in order to provide for such cases as are daily applying for relief. A house has been procured, and nothing but larger funds are wanting to enable the managers to open at once this desirable charity.

*New Remedy for Pruritus Vulvæ.*—Dr. Scholz recommends an Indian plant, the *Caladium seguinum*, which is used by the natives of India as an anaphrodisiac, for the treatment of those cases of this most distressing malady, which are due rather to a hyperæsthetic condition of the parts, than to any lesions of the mucous membrane of the vulva. The plant belongs to the *Aroideæ*. Scholdz has used it with great success in two cases which had previously resisted all remedies; and he administered it in the form of an alcoholic tincture, in doses of six drops.—*Arch.-Gen de Med.*, Sept. 1854.

*On the Cause of the Alteration of the Voice of the Singing-Mouse.*—Dr. Crisp directed the attention of the London Physiological Society to this subject, and said that he had had an opportunity of examining one of these mice soon after death. The respiratory apparatus, and other parts, were apparently perfect, but at the upper part of the liver, in close contact with the diaphragm, was a large entozoon (*Tænia crassicollis*). In another instance, amongst six mice captured by Mr. Law, of Camden-town (who on this occasion exhibited a living specimen to the Society), one of these was a vocalist: but these animals were accidentally killed soon after they were taken, and although the singing-mouse (so called) was not recognized, yet Dr. Crisp, on examination of the six, found one with the same species of worm in its liver. Was it probable that these worms, by the irritation they produced upon the diaphragm and respiratory apparatus, occasioned these abnormal sounds, which occurred generally towards evening?—*London Lancet*.



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FATAL DISEASE OF THE LARYNX, ACCOMPANIED BY ULCERATION  
AND ABSCESS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The increased interest that has been awakened in the profession within the last few years, in regard to affections of the throat, has induced me to give the details of the following case; and although it may throw no light on the subject, yet the accumulation of cases may elicit something of importance in the diagnosis and treatment of these very obscure forms of disease.

Mr. S——, æt. 51, a thin, spare man, of a nervo-lymphatic temperament and previous good health, consulted me in the month of August, 1851, for a partial aphonia of some months standing. He gave the following history of his case. Some time during the spring previous, he had discovered his voice growing somewhat "husky," but attributed it to a "cold," although there were no other catarrhal symptoms present. He gave no attention to it, as it occasioned little inconvenience, until, from the earnest solicitation of his friends, he was induced to seek medical advice. It may be well to remark that there is a predisposition in the family to affections of the throat, and a sister of the patient died a few years since from what her physicians called paralysis of the muscles of deglutition, although it was an obscure case. These circumstances operated somewhat, perhaps, to awaken his fears.

Upon examining his throat before a strong light, I found the mucous follicles of the pharynx enlarged, with occasional patches of ulceration; some of them as large as a split pea. The epiglottis was easily brought into view, and seemed healthy. There was no pain whatever in the region of the larynx, nor was it tender under pressure. He had no cough, but a frequent "*scraping out*" of the larynx, which he said was not prompted by any tickling or uneasy sensation, but from an instinctive idea that there must be something there that obstructed the free use of his vocal organs. Although there was some obscurity in the absence of usual symptoms, still I gave it as my opinion that there was chronic inflammation and thickening of the mucous membrane of the larynx, and advised the use of counter-irritants externally, and nitrate of silver to the diseased surface.

The affection gave him so little inconvenience that he did not feel disposed to submit to the treatment, and I therefore saw but little of him professionally, until the summer of 1852, when he again consulted me. The symptoms were nearly the same, and the previous treatment was again advised. He now consented, and I passed a sponge-probang, loaded with a solution of nit. argenti (℥ij. ad aq. ℥j.), into the cavity of the larynx. It produced considerable spasmodic action, which soon subsided. This I repeated every other day, with croton oil externally, for a few weeks, with an evident improvement in the use of his vocal organs. In ordinary conversation, this improvement was not very perceptible—but upon effort, he could make a much louder tone than before. He now neglected to present himself, and resorted to the trial of various remedies suggested by his friends, such as astringent gargles, chewing oakum, &c., but without benefit, until in January, 1853, he contracted a severe "cold," which produced *complete* aphonia. The acute catarrhal symptoms soon subsided, under appropriate treatment, but with no return of his voice. There was not even any pain or tenderness about the larynx, nor dyspnœa. There had been at no time difficulty of deglutition. I again applied the nitrate of silver as before, with blisters, and administered iod. potass. (gr. ij. ter die), but with no perceptible advantage.

In the month of March following, he began to have some difficulty in respiration, which gradually increased until it became quite inconvenient. Dr. Parker, of New York, was consulted about this time, who confirmed the diagnosis I had before made, and advised the use of mercurials carried to slight ptyalism, and the continuation of the counter-irritants. He was accordingly put upon the use of bi-chloride of mercury in comp. syr. sarsaparilla, until his gums were slightly affected, but with no amelioration in his symptoms. The dyspnœa continued to increase, until he was nearly incapacitated for any exertion, and finally, after a night of intense suffering, from threatened suffocation, I opened the trachea (June 18th), and inserted a silver canula, from which he experienced immediate relief. From the advantage we now had of having the parts at rest, and the facility of applying topical remedies to the mucous membrane of the larynx, they were again resorted to, with some faint hope of benefit. I should mention, perhaps, in connection with the operation of tracheotomy, that we found the rings of the trachea, as well as the cricoid cartilage, quite firmly ossified, which made it somewhat difficult to make the necessary opening into the trachea. The presence of the ossific deposit suggested to me the possible nature of the disease—and the subsequent history and progress of it, most painfully confirmed the suggestion. About this time, the throat in the region of the larynx began to enlarge, externally, from the formation of an abscess, and in the course of three or four days, it having pointed on the right side of the larynx, I opened it, and there escaped about a teaspoonful of pure, healthy-looking pus. From the small amount of matter dis-



charged, and the still remaining enlargement of his throat, I was convinced of the presence of a deep-seated abscess, bound down by the deep cervical fascia, and suggested the propriety of making an incision through the fascia, and thereby giving exit to the matter. But from the severity of the operation, and the hopelessness of affording permanent relief, it was abandoned. The superficial abscess was kept discharging for two or three weeks, by the aid of poultices, &c. ; but it seemed to have no connection with the (probable) deep-seated one. He was now put upon the use of cod-liver oil, with Lugo's solution of iodine, and generous diet. At this time the larynx was perfectly occluded, as he could not force a particle of air through it when he put his finger over the end of the canula. A profuse expectoration of muco-purulent matter was now established, which of course was expelled through the canula. There was also an almost intolerable fetor from the throat, which led me to suppose that the laryngeal cartilages, in their ossified condition, were being involved in the ulcerative action that was now evidently going on.

On the evening of the 25th of September he had a violent fit of coughing, followed by a profuse expectoration of pus, which continued through the night and next day. The enlargement of the throat, which had continued about two months, now rapidly subsided, until it became even smaller than natural, from a sinking in, over the top of the larynx. The expectoration of pus gradually diminished. On the evening of October 22d, I was sent for in haste to see him, as symptoms of suffocation had suddenly come on. I found him quiet, however, but restraining his desire to cough, fearing a return of the suffocation. I immediately removed the canula and desired him to cough ; and when he did so, I saw a whitish-looking substance at the bottom of the wound, which I removed with some difficulty by a pair of forceps. It was a portion of bone, one inch in length, half an inch in width, and about one eighth of an inch in thickness, and quite spongy. He shortly afterwards expelled another piece, rather smaller and less spongy. The fetor from the wound immediately subsided, and he found that quite a column of air could be expelled from the mouth when the tube was closed. His spirits revived, and he seemed to be improving. He had been supported for the last few weeks by porter, quinine, &c. ; no treatment being particularly directed to the local disease, as none seemed available. Our hope (a shadow) rested on Cullen's *vis medicatrix naturæ*. But the truce was of short duration. The swelling in the neck again returned, accompanied by the same intolerable fetor and purulent expectoration. At the same time the skin became involved in the ulceration, and its destruction displayed a hideous-looking cavity—extending from within half an inch of the os hyoides to, and involving, the cricoid cartilage. From this time he rapidly failed. The ulcer continued to spread into the surrounding tissues. There was an *abundant* purulent expectoration, which continually harassed him—so that he got but little sleep, except

in the interval of coughing, which was usually about ten minutes. About 2 o'clock, on the morning of the 4th of December, an alarming attack of hemorrhage came on, from a large vein destroyed by the ulceration. It was checked by the application of cold, although not until after it had materially weakened his pulse. The hemorrhage recurred some three or four times, subsequently, but not to any alarming extent. Stimulants were freely resorted to, to sustain his sinking powers. On the 22d of December, on attempting to drink, the fluid was observed to escape from the wound in front; and in a day or two afterwards both fluids and solids so escaped. His food and drinks were now administered through a tube introduced into the œsophagus; but he rapidly sank, and died without a struggle, December 29th.

*Autopsy*, fourteen hours after death. Body very much emaciated. The trachea, larynx and œsophagus were removed from the body. The epiglottis was much smaller than usual, owing to an irregular thickening of the lining membrane. Upon laying open the trachea, posteriorly, the cavity of an abscess was found occupying the position of the cricoid cartilage, and which had burst near the rima glottidis. The lining membrane of the larynx was thickened, corrugated, and had a granular appearance; part of it was ulcerated, through which the abscess had communicated with the pharynx.

Upon cutting into the substance of the lungs, they were found completely filled with pus. Other organs healthy.

A. H. THOMPSON, M.D.

*Walden, Orange Co., N. Y., March, 1855.*

#### CASE OF DISLOCATION OF THE FEMUR INTO THE SCIATIC NOTCH.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send you a brief report of a case of dislocation of the femur into the sciatic notch (which presented what seemed to me a note-worthy peculiarity), for publication in the Journal should you think it of sufficient importance.

Very respectfully, your ob't serv't,

*Pittsfield, March 20th, 1855.*

T. CHILDS.

On the 18th of October, 1850, I was called, with Drs. H. H. Childs and Dickinson, to see H. L. B., of Stephentown, N. Y., in whom Dr. Dickinson had diagnosed a dislocation of the femur, without deciding as to the particular variety. The accident occurred on this wise. The patient, a man of intemperate habits, went to bed intoxicated on the night of the 17th, in an attic above his grocery. Some time in the night, he rose to go down stairs, and, not having slept off his debauch, went to the wrong end of the stairway, and stepped off (ten or twelve feet) with one leg, leaving the other behind long enough to receive the whole momentum of



his falling body. He was found the next morning, helpless, at the bottom of the stairway. I saw him late in the afternoon of the 18th, and found him with high febrile excitement, and in great distress from retention of urine. After the abstraction of some blood, and the evacuation of his bladder with the catheter, I examined the injured limb, which presented the following appearances. Shortening half an inch; perfect immobility and *marked eversion of the foot and of the entire limb*. Position of the great trochanter could not be accurately made out, the patient being very muscular, very corpulent, and the tumefaction of the whole region of the hip very great; nor could the head of the bone be found. The inguinal and hypogastric regions of the injured side were excessively tender; but with the best examination the patient could tolerate, the head of the bone could not be made out on the pubes. Still we persuaded ourselves that it must be there. In short, the great *eversion* of the limb misled us, and we applied our extension, with Jarvis's adjuster, as for dislocation on the pubes, broke, fortunately, one of the extension cords, and failed of reduction. As by this time it was night, we desisted from farther attempts, gave the patient an anodyne, applied anodyne fomentations, and allowed him to rest till daylight. In the meantime, reflecting on the case, we came to the conclusion that in spite of the *eversion*, the head of the bone must be *in the notch*. As we were discussing the matter in Dr. D.'s office, I happened to look into his Braithwaite,\* and was confirmed in our diagnosis by finding the following extract from Quain in the Medico-Chirurgical Transactions. "The advanced position (in the backward dislocation) of the displaced limb at the knee, 'the toe resting against the great toe of the other foot,' are not necessarily present in this dislocation."

Early the next morning, we re-applied our extension *in the right line* (one of us lifting the head of the bone—the patient under chloroform), and in a few minutes reduced the dislocation.

The point of interest in this case is of course the existence of a dislocation into the sciatic notch (as this certainly was), with marked *eversion*. The paragraph above quoted from Quain, is the only "authority" I have as yet met with for it. Certainly all the systematic books give a degree of *inversion* as an invariable accompaniment. Cooper gives no exception to this. But I am convinced by experiment on the subject that there is no "anatomical impossibility" in its occurrence.

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#### THE CLIMATE, DISEASES, &c., OF NORTHERN ILLINOIS.

BY STEPHEN W. WILLIAMS, M.D., LAONA, ILL.

[Communicated for the Boston Medical and Surgical Journal.]

NORTHERN Illinois is in about the same latitude as Massachusetts. A comparison of the climate of the former with that of the latter will

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\* Braithwaite, Part 19, page 123. 1849.

show that it is milder here than in Massachusetts. I spent four or five weeks here in the spring and summer of 1851. During thirty out of thirty-four days, then, there was almost incessant rain, accompanied most of the time with wind, vivid flashes of lightning, and tremendous peals of thunder. I then thought it was the land of almost perpetual rain. But the oldest inhabitant told me that no such continued storms were ever known here before, and certainly none such have occurred since. When I came here, early in the fall of 1853, I was informed that there had been but little rain the preceding summer, and there was very little in November. Almost the whole of December was warm and pleasant, with very little rain, and scarcely snow enough to whiten the ground; while in New England, I was informed, the snow was so deep as to render travelling toilsome and difficult, and it was very cold there. The month of January was ushered in quite cold here, and it remained pretty cold during the greater part of the month. The thermometer was five or six times below zero; once, 22 degrees below. There was in all about six inches of snow on the ground, but never more than four inches at a time, and we had about three weeks of pretty fair sleighing; while in New England you were blockaded with snow. The month of February was much pleasanter than the month of March usually is in New England, with no snow upon the ground, and no storms. Cattle subsisted in the open fields during the winter. In New England I understand there was a great deal of snow, and the weather was very rough and boisterous.

The month of March here was very mild and pleasant, and our spring birds arrived very early in the month. The mud was dried up in the roads soon after the middle of February, and it was as good wheeling soon after, as it ever is in the summer. Many of our farmers ploughed their fields and sowed their spring wheat early in the month of March. This month in New England was severely cold and uncomfortable, and the ground was deeply covered with snow. The month of April was unusually warm and dry here. The thermometer, part of the time, in the shade, was more than 92 degrees above zero; once, 96 degrees above. Such a drought here in the spring was never known before. In the eastern States the month of April was gloomy, and you had an unusual quantity of rain, which continued into the month of May. Deerfield and Connecticut rivers rose higher than they were ever known to have risen before within the memory of man.

I shall continue the contrast no farther, but just observe that the weather here was very dry till wheat harvest, about the middle of August, when we had a very little rain, but not enough to raise the springs, or to injure the crop in the least. From that time till after the first of January, 1855, there was one continued drought, which was so severe that the water in many springs, creeks and ponds, dried up, and many people had to travel great distances for water for their families and cattle. The weather, a good deal of the time, was very sultry and oppressive. Our oldest inhabitants



do not remember so severe and long-continued a drought. The first rain of any consequence was about the 6th of January, 1855, when the water fell in sufficient quantities to raise our creeks, and fill our cisterns from the roofs of the houses. We had a little cold weather and about two inches of snow the latter part of December, but not enough to make any sleighing. The thermometer once sunk to two degrees below zero. It began to thaw about Christmas, and continued to thaw till after the rain of the 6th. Since then the ground has been bare of snow, and the weather, with the exception of two or three days, on one of which the thermometer sunk to ten degrees below zero, was very mild; and at the time I am writing (January 17th) it is a beautiful spring-like morning.

In relation to the health of this section of the country since I have been here, I will observe that the months of November and December, 1854, were quite as healthy as those months usually are in corresponding degrees of latitude in distant parts of the country. There were scarcely any of the *reliquæ* even of former fevers and diseases. There was rather more sickness in January than in the two preceding months. Diseases of pneumonic character were the most prevalent. But they usually yielded readily to the ordinary, not peculiar treatment of those complaints. Pneumonic fevers were generally much shorter in their duration than at the east. Many patients were attacked with great violence, and their complaints threatened to be of as long continuance as in New England, but they more readily recovered, without the lancet, than such patients usually do there. More old people are attacked with this complaint in New England than here, and it is much more fatal there than here, owing, perhaps, to the robust character of the people at the West, who are generally young and vigorous, and more able to resist the inroads of these complaints. Pneumonia was the prevalent disease throughout the greater part of the months of February and March.

The months of April and May were healthy, and I believe they are generally considered to be healthy throughout the United States. There were more complaining in the month of June, when pneumonic diseases again became prevalent. I impute them, in a great measure, to the carelessness of the people generally in relation to them. The days are then hot, and the nights comparatively damp and cold. I have known laborers wear no more clothes in the evening than they usually wear when at work in the middle of the day, which is often only their shirt and pantaloons. I have even known them ride miles in the evening with nothing but this dress, when I have been obliged to wear a thick overcoat. The consequence often is, severe colds, terminating in pneumonia or lung fever. These complaints, even here, often lay the foundation for pulmonary consumption; and I think the time will arrive when that complaint will be as prevalent here as in New England, though for a summer sojourn through the lakes by Mackinac, I believe none can be more

salubrious. We have a few cases of consumption, which I think were incurably located before the patients left the East.

In the month of July, bowel complaints became quite prevalent. Without ascribing anything to the agency of the cholera, I may observe that about the first of July several car loads of immigrants, containing many hundred Norwegians, arrived at Chicago. Very many of these were quite sick with the cholera, and several of them died there. They came in a crowded vessel from Norway, and landed at Quebec or Montreal, in Canada. They were then put on board of a more crowded vessel, and arrived at Chicago by the way of Buffalo. As many as were able, moved into various parts of the country west. A mother and child came here with the complaint, and died with it. The weather was very hot, and such as would be likely to induce bowel complaints and aggravate the cholera. Dysenteries, diarrhœas, and common cholera morbus, were much more prevalent than were ever known here before; but they had no connection with the cholera which was brought here by the immigrants. Dysenteries and bowel complaints were more protracted and unyielding than I had ever known them at the East. Our best method of treatment was by astringents, particularly crude opium, tannin, and the chalk mixture largely charged with opium. There were but few deaths in comparison with the number who were attacked with the disease. In some instances the complaint was so protracted as to run on to ulceration of the bowels. In one of these severe and dangerous cases the patient experienced great relief from the diluted sulphuric acid in doses of from fifteen to twenty-five drops. He finally recovered, though quite advanced in life. We lost but two or three patients, and those were infants, although our ride was very extensive.

About the first of July the typhoid fever commenced on the open rolling prairie, four or five miles south west of us, where it had been perfectly healthy before. The people supposed it to proceed from a case of ship fever which was brought to one of the families where the typhoid fever prevailed soon afterwards, quite extensively. This patient came over with immigrants who brought the cholera to Chicago, and died in a few days. As the others were taken soon after, they imputed their complaint to contagion from the ship patient, though most erroneously. The complaint was protracted in this family. A daughter who lived in a neighboring house, but who was much in the family of the sick, was taken with the complaint and died within a week. That family had no faith in physicians, and they resorted to the cold-water method of treatment, and in eight days the woman was a corpse. An infant child of hers died soon after, with the same complaint. Several others of the family, residing in separate houses some half a mile apart, sickened with the same complaint, and some of them remained sick during the fall, and one or two more died. Some of them, I understood, resorted to spiritual intercommunications,



and the incantations of animal magnetism, for the cure of their complaints, and they were slow in their recovery, and some of them died. So far as I can learn, those did best and recovered soonest who received treatment from regular physicians, notwithstanding the self-limited nature of the fever, though the complaint was protracted under the most favorable circumstances. Although we attended upon several patients during the continuance of this fever, yet we were so fortunate as to lose none of them.

There was one peculiarity in the symptoms of this complaint in addition to what is laid down by our best writers on the subject of typhoid fever, and that was, in every case which came under our observation, upon the invasion of the complaint, the patient uniformly complained of soreness and filling up of the throat, without enlargement of the glands, similar to the effect of canker, and this continued for a great length of time, without any cough, in most instances, though in some, as the inflammation extended down the trachea, the cough was somewhat troublesome for a short time. The other symptoms very nearly corresponded with those of the common typhoid fever of the East. Nor was there anything peculiar in the treatment of the complaint, which is now so well understood by every intelligent, regularly-educated physician. I think there was no combination of ague with the complaint; consequently it did not require large doses of quinine, like that disease. Chloric ether, pure brandy, and good Port wine, were excellent adjuvants in the latter stages of the complaint, and of indispensable necessity. A few cases lingered till into the January following.

The fever and ague, or intermittent fever, began to prevail about the first of October, and it was much more prevalent than it had been before for some years. Indeed, from that time till this, there have been but very few and scattered cases of this complaint here. The extreme hot weather had in a measure dried up the marshes, sloughs (pronounced *sloo*, here) and bottoms, and left their miasma exposed to the influence of a burning sun, and, when they were not entirely dry, the exhalations in the form of fog and vapor were diffused throughout the atmosphere by winds, and the effects in the form of intermittents were felt quite extensively. Those who resided in the neighborhood of the bottoms were most severely affected, but very many felt its influence at a distance, even in the timbered lands, and agues of the mildest grade to the most severe types of it were very prevalent, and we were not long in disposing of several bottles of quinine in appropriate doses. Much of this complaint was aggravated, if not induced, by carelessness on the part of the patients, by not guarding themselves, as I have heretofore said, when speaking of pneumonia, by sufficient clothing, especially in the evening. We had no fatal cases of the complaint, and it very soon yielded to the common remedies, the most efficient of which was quinine. I think the Dover's powder, in four or five-grain doses, combined with quinine, is a great adjuvant, and aids in a speedy cure. The complaint subsided as the winter set in.

In ordinary seasons, I think we have nothing to apprehend from intermittent fever, and it is getting to be a very rare, and a very mild complaint here. Our immigrants from the East do not appear to be more exposed to it than others who have become acclimated. We have several people in this neighborhood from the county of Franklin, in Massachusetts, none of whom, to my knowledge, have ever had the complaint. My family have been here nearly a year and a half, and have been exempt from it. My son, Dr. E. Jenner Williams, came here at the time of the early settlement of this county, and has been in practice here between seven and eight years, and has been exposed to all the vicissitudes of the weather, both by day and night, in his practice, and has never had the slightest attack of this complaint. I think this part of the country as healthy as any part of New England.

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REMARKS ON A CASE OF OVARIAN DROPSY UNSUCCESSFULLY  
TREATED BY INJECTION.

[Read before the Boston Society for Medical Observation, March 19th, 1855, by GEORGE C. SHATTUCK, M.D.]

[WE were unable, for want of room, to print in our last number the whole of Dr. Shattuck's interesting paper on ovarian dropsy. The concluding portion consists of remarks on the case by Dr. S.—Eds.]

A great deal has been said and done, within a few years, for the permanent relief and cure of ovarian dropsy. In his paper, published in 1850, in the *American Journal of the Medical Sciences*, Dr. Atlee analyses 179 cases where operations had been performed for the removal of ovarian disease. The rate of mortality for all these was 1 in  $2\frac{2}{5}$ . In the 78 last cases the rate of mortality was 1 in  $3\frac{1}{2}$ . Now patients do live a great while with ovarian disease, and when, from various causes, they apply for a cure and are anxious for an operation, they may be told that their chances from gastrotomy are two out of three. Monsieur Duploy, in February, 1853, published an article on the treatment of ovarian cysts by iodine injection. He begins with dwelling upon the inefficaciousness of purgatives, diuretics, diaphoretics, counter-irritants, and sorbefeacients. He then speaks of the danger of surgical operations, and even of irritating injections. He cites a case by Lizars, and another by Denman, where Port wine was injected, one patient dying at the end of two weeks, and the other living only six days. He thinks that the injections of iodine into ovarian cysts have been successful beyond any other means in affording permanent relief. He goes on to mention different cases; the first, where M. Ricord operated in 1844. He alludes to the memoir published by M. Bonnet in 1852, in which two cases, selected from several, are published in detail. In one of these the enormous sum of twenty-two French quarts was removed from a cyst. A question arising in the case just reported, was, how far the iodine would come in contact with



the walls of the cyst. In the case reported by M. Duploy, observed by M. Monod and himself, the cyst also was very large; sixteen and a half litres were removed from it. Two hundred and fifty grammes of a liquid composed of a hundred parts of water, of fifty parts of alcohol, of five of iodine, and five of the ioduret of potassium, were injected. The abdomen was kneaded and worked in all directions, so as to bring the liquid more thoroughly in contact with its walls, and then it was removed by means of pressure and a syringe. Pressure was made on the abdomen. This patient was 65 years of age; fifteen years had passed since the tumor was first observed. Three years before the operation was performed, the abdomen was more distended than it generally is at the full term of pregnancy. In this case there was a febrile excitement at the end of twenty-four hours, some pain in the hypogastric region and in the iliac fossa, but it soon disappeared; and the convalescence went on uninterruptedly; a slight tumor in the iliac fossa only being left. The fluid removed was serous. This is considered more favorable than where the secreted liquid contains albumen.

In the case just reported, at the time of the first operation the patient was in remarkably good condition for it. She lost her courage and her spirits when her abdomen began to be again distended, and it was evident that the expected permanent relief would not be afforded. Though there was no autopsy, can there be any doubt of the death being caused by peritonitis resulting from the escape of the injected fluid into the peritoneal cavity?

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#### ON THE STATE OF ARTIFICIAL ANÆSTHESIA AS A MEANS OF FACILITATING UTERINE DIAGNOSIS.

[In accordance with an intimation in last week's Journal, we commence publishing extracts from the communications of Prof. J. Y. Simpson, which as yet have not appeared in print.—EDS.]

Since the first introduction of ether and chloroform into obstetric practice in 1847, Dr. Simpson has annually endeavored to point out in his lectures the great advantages that are occasionally derivable from their employment, in the way of facilitating obstetric diagnosis. The production of a state of anæsthesia has been found specially useful as a means of physical diagnosis, under the following circumstances:

1. In cases of difficult parturition, the state of anæsthesia enables the accoucheur to ascertain more easily and exactly, by his tactile examination, any peculiarities in the position or presentation of the child, or in the nature and amount of any impediment existing in the pelvic bones or maternal passages.

2. In instances of uterine or ovarian disease, connected with neuralgic tenderness of the abdominal walls and pelvis, it is often im-

possible to make a complete and useful tactile examination, unless the patient be previously anæsthetized.

3. In spurious pregnancy, with its usual characteristic, abdominal distension, the use of chloroform at once, as is now well known, enables the practitioner to decide the nature of the case; the abdominal enlargement disappearing as the state of deep anæsthesia supervenes.

4. In the two preceding morbid states, and in any other cases of uterine or ovarian disease, requiring a very accurate tactile examination, the previous production of anæsthesia not only allows the tactile examination to be gone through without suffering, but further, it very greatly facilitates the examination by the state of local and general relaxation which it induces. Under such relaxation, the physical examination of the uterine organs by touch is rendered infinitely more perfect.

5. In instances where a required examination is objected to, from motives of delicacy, the state of anæsthesia saves the feelings of the patient—a matter of no slight moment in the practice of the obstetric profession.

## **Hospital Reports.**

### MASSACHUSETTS GENERAL HOSPITAL.

*Abscess in the Lumbar Region.*—(Under the care of Drs. BOWDITCH, CABOT and CLARK. Reported by CHARLES ELLERY STEDMAN, House-surgeon.) Bridget D., æt. 24, was admitted into a medical ward January 10th, 1855. She was exposed to cold and wet on Christmas day, but felt no inconvenience from it until the fourth day after, when she was attacked with pain in the right hypochondrium, with faintness and dizziness. She gave up work on the 8th, on account of weakness and pain in the right side. She had also considerable fever on that day.

The record of the 10th says—"Now in bed. Complains chiefly of weakness, and pain in the right hypochondrium, sometimes extending round to back. Respiration natural, 16 in a minute; pulse 98, rather small; skin somewhat warm; tongue moist, with whitish coat; appetite poor; abdomen full and tympanitic, not tender. Bowels opened on the 7th by medicine. Is restless at night from pain in side. (Sulph. morph. in solution.)"

"11th.—Pain below ribs, sometimes extending to loins, and at upper and outer part of right thigh, where it is chiefly situated, preventing easy extension of leg. No pain in joints. Has never been yellow. Tenderness over region of liver, and right side of abdomen, which is tense. Much tenderness over region of right kidney; none over left. Urine dark red, and normal in quantity."

The patient was treated by purgatives, and fomentations and leeches to the seat of pain, and on the 13th was much relieved. On the 25th the tenderness of the abdomen returned, with tension of its walls and tympanitis. 27th, perspiration, sordes on the teeth; pulse 96, small; urine loaded with red deposit.

"28th.—Pulse 104. Much tenderness in right lumbar region. There is a very sensitive spot near the spine, between the ribs and the ilium, about the size of the palm of the hand, and somewhat prominent and elastic.



"February 1st.—Yesterday evening she complained of pain in the right ear, which has been rapidly increasing ever since, preventing sleep. Right side of face, chiefly in region of parotid gland, much swollen and exquisitely tender, with slight blush. Cannot open her mouth. Pulse 120. Tumor in back more prominent, softer, somewhat red in centre, less painful.

"6th.—Patient was transferred to a surgical ward. She is feeble and emaciated, and moans with pain. Countenance anxious; lips pale; pulse 112. At 11, A.M., an attempt was made to draw off the contents of the abscess with a trocar and syringe, but the flow of pus through the canula was prevented by shreds of lymph, and Dr. Cabot made a free incision with a scalpel. About 3xx. of thickish pus, with flocculi of lymph, were discharged. The opening was closed with adhesive plaster. The patient being somewhat collapsed after the operation, gave 3ss. brandy. At 1, P.M. there was scarcely any pulse at the wrist. At 7, after having taken stimuli freely, it was 98, and sufficiently strong, and the color returned to the cheeks."

The patient experienced great relief from the operation, though she continued weak from the discharge, which was profuse. The swelling of the face subsided without suppurating, and she became convalescent on the 20th, when the discharge from the abscess ceased.

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*Case of Wounds in the Abdomen.—Death in 72 hours.—Puncture of the Liver and Stomach.*—(Under the care of Dr. J. MASON WARREN. Reported by A. P. HOOKER., House-surgeon.) March 18, 1855.—Michael Murphy, æt. 30, a strong, healthy-looking Irishman, got into a fight with some of his countrymen, while under the influence of liquor, on St. Patrick's day. He received three severe stabs, besides numerous smaller ones, which merely penetrated the skin. The first stab was in the right hypochondrium, about an inch in length. It was supposed by the surgeon, who first saw the patient, to have extended into the gall-bladder, as a greenish fluid escaped from the wound. A second wound was an inch and one eighth long, and two and a half inches to the left of the sternum; this wound gave the patient more pain than the others. A third stab was over the left ilium, about an inch in length, and penetrated nearly to the bone.

Free hemorrhage had taken place from these wounds. The patient had been vomiting a greenish fluid. He was in much pain, and inclined to lay on the right side. Respiration quick and hurried; cannot draw a long breath. Some roaring sounds heard in left back, but otherwise physical signs not remarkable. No tenderness on pressure; skin hot; pulse 120, small; urine is passed naturally. Is perfectly rational. He continued to vomit; the pulse rose in the course of the next day to 150, and afterwards to 170, and he died at midnight of the 19th.

*Autopsy.*—Lower part of chest and upper part of abdomen, between the integuments and the cartilages of the ribs, present an ecchymosed appearance. A greenish-yellow fluid was also effused in the same region.

The stab on the left side extended partly through the cartilages of the last three ribs, and through the inferior edge of the liver, for an inch in length. A wound, three quarters of an inch in length, was found in the anterior wall of the stomach, and another in the posterior wall. The stomach was half full of a greenish fluid. The abdomen was filled with blood. The intestines were covered with reddish lymph and small coagula of blood. The gall-bladder was distended with bile, and entire. The other organs were healthy.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

FEBRUARY 12th.—*Abdominal Abscess pointing at the Umbilicus—Discharge of a small oval body—Recovery.* Reported by Dr. ALLEY.—The patient is an Englishman, æt. 31, a gilder in a book-bindery. He was first seen January 30th, and stated that two weeks previously he felt a general fulness of the abdomen, with a pricking pain directly through the navel, accompanied by a slight discharge of highly offensive matter from it. Complained much of pain in abdomen, which caused him to assume a partially-bent position in walking. During the last three days had had distinct chills, loss of appetite and feverishness. Had taken two mild doses of cathartic medicine, which had caused two dejections. Upon examination of the abdomen, there appeared to be an unnatural fulness. There was no redness around the umbilicus, but much pain was caused by pressure, particularly over a spot a little to the left, and about an inch from it. Leeches were applied, and allowed to bleed freely, which relieved the pain. During the next three days, the application of spongio-piline, dipped in hot water, afforded much comfort. At the end of that time, the general fulness of the abdomen subsided, and a hard circumscribed tumor appeared around the umbilicus, about three inches in diameter, which caused it to protrude an inch or more above the surface of the abdomen. This state continued for three days, when the abscess burst directly through the umbilicus, and a small oval body was discharged. Dr. Calvin Ellis has kindly furnished me with the subjoined analysis. The patient rapidly recovered his strength, and in the course of a week was able to pursue his usual avocation.

The small oval body was five eighths of an inch in length, and three eighths in breadth; of a pearly color and lustre, externally, where its smooth, rounded surface remained unbroken; but a longitudinal laceration disclosed a central portion one fourth of an inch in diameter, and of a brownish or yellowish-white color, lying in the white substance, which formed a kind of capsule around it. The walls of the external portion were about a line in thickness, and their consistence that of the lining membrane of certain sebaceous cysts. On microscopic examination, it was found to be composed of adipose tissue, the cells of which evidently contained no fat, did not refract the light as usual, and many of them were collapsed, so that portions, particularly the most external, had a decidedly fibrous appearance; but even in these parts, some well-formed fat cells remained. A few well-marked scales of cholesterin were also seen, but no free fat.

The central portion was much more friable than that just described, and composed mostly of delicate, acicular crystals, which, analyzed by Dr. Bacon, proved to be of a fatty nature, and probably those of stearin. Small portions of adipose tissue were also seen, together with a number of short, fine hairs, which did not appear to be attached to any surface. The results of the examination would lead us to infer that the body originated in some cyst.

The specimen is interesting, in connection with one preserved in the cabinet of the Society, viz., a small mass of hair discharged from the umbilicus. "The patient, a middle-aged female, had had pain and tenderness in the part for nearly two years, and for some months a fistulous opening; two other small pellets of hair were discharged about the same time, and the opening then closed."



Dr. Henry J. Bigelow mentioned an instance somewhat similar. There was suppuration at the navel ; a sinus led to an inner cavity. Dr. B. dissected out the whole diseased part, and removed with it a pellet of hair. The patient did perfectly well. In another case there was a sinus over the sacrum ; caries of the vertebræ had been suspected ; there was burrowing ulceration ; a lock of hair was found at the bottom of the cavity. Removal of this was followed by recovery.

Dr. Homans, Sen., related a case. There was tenderness about the umbilicus ; small parcels of matted hair came away ; a tumor formed, which was opened and the whole of the foreign substance was removed. The patient was a very fat, stout man. There had been some trouble at the site of the tumor for several months before the latter formed. Entire recovery. [Dr. J. M. Warren reported three cases of this nature to the Society April 24, 1854 (*American Journal of Medical Sciences*, July, 1854). Fistulous openings over the coccyx ; pellets of hair in the suppurating cavities.]

### Bibliographical Notices.

*Lectures in Reply to the Croonian Lectures for 1854, of CHARLES WEST, of London, on the Pathological Importance of Ulceration of the Os Uteri, by HENRY MILLER, M.D., Professor of Obstetric Medicine in the University of Louisville, &c. Louisville, Ky. 1855. Pp. 71.*

The author of this pamphlet undertakes to prove that Dr. West assigns an inadequate value to the cervix uteri, both in a physiological and pathological point of view, and also that he is guilty of unfairness in stating that certain writers attribute to *ulceration* of the os tincæ a class of symptoms which in reality they ascribe to *inflammation* of that part.

The value of Dr. Miller's opinions is materially impaired by the spirit in which they are given. Without any obvious reason, he assumes an attitude of hostility towards Dr. West, and what is worse, does him the injustice to depreciate the motives which led him to publish his views. The lectures of Dr. West are characterized by modesty and candor. His object is to show that the importance of *ulceration of the os uteri*, as the cause of a train of well-known symptoms in women, is much exaggerated. In order to establish his proposition, he makes a simple appeal to facts, which so far as their number goes, are certainly conclusive, and which no one can read without admiring the fairness and accuracy with which they are stated. Even Dr. Miller says, "in the temper and phraseology of these lectures of Dr. West, I find nothing that is exceptionable. His style is chaste, and his manner is courteous and dignified ; but," he adds, "the means which he has resorted to to disparage, and, to the extent of his abilities, render contemptible the doctrine and practice of those from whom he differs, are not so laudable. After the most careful perusal of his lectures, my deliberate judgment is, that for whatever force or point they may possess, they are indebted to such a partial statement of the doctrine oppugned as amounts to actual misrepresentation." Dr. Miller entirely mistakes the character of Dr. West, if he supposes the latter ever attempts to "disparage" or "render contemptible the doctrine and practice of those from whom he differs." Dr. West's object is to prove that the importance of ulceration of the os uteri is over-estimated, and "the means which he has resorted to" is a simple numerical statement. Such expressions as, "it is this resort to an

equivoke, using the term 'ulceration' as an equivalent for inflammation and ulceration, but expecting the reader to understand by it nothing more than an insignificant abrasion"—"Dr. West's sneer at the neck as 'a small portion of the womb'"—"Dr. West's sneering allusion to the cervix," and many others, remind us more of the contest between the "Eatonswill Gazette" and the "Independent" than of a scientific discussion.

Dr. West's "Lectures on the Diseases of Infancy and Childhood," now acknowledged, we believe, to be the standard work on this subject in the English language, show him to be a philosophical writer, and an accurate observer. Dr. Miller differs from him in his estimate of the value of careful observation, as a means of acquaintance with disease, as we may judge from the following language;—after quoting Dr. West's remark that "it seems somewhat strange that those who believe in the frequency and importance of ulceration of the os uteri have made no attempt to demonstrate those facts by examination of the body after death; while the only persons who have appealed to its results allege this condition to be very rare and very trivial," he says, "This is truly a curious bewilderment of our Croonian lecturer. To me it appears the most natural thing in the world that those who have abundance of *living* evidence should refrain from seeking corroboration of it among the dead. Why does it not seem equally strange to Dr. West that no *post mortem* evidence is sought for, or deemed necessary in cutaneous inflammation or ulceration? The cases are precisely on a par."

We are by no means convinced by Dr. West's lectures that ulceration or even abrasion of the os uteri is, in all cases of trifling importance. The question is still *sub judice*, and can only be settled by the accumulation of accurate observations, and the carefully recorded experience of those who have made a study of the diseases of women, not by vain declarations uttered in the spirit of opposition.

Apart from its controversial character, there are portions of Dr. Miller's lectures which are interesting and valuable. We would recommend particularly the third lecture, as conveying much information respecting the symptoms of inflammation of the cervix uteri, and useful hints respecting its treatment. We hope that Dr. Miller will publish farther results of his experience in the treatment of diseases of the uterus, avoiding the faults which disfigure the present work, in which case we doubt not he will make a valuable addition to our medical literature.

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*An Address delivered at the first Commencement of the Massachusetts Medical College, by D. HUMPHREYS STORER, M.D., Professor of Obstetrics and Medical Jurisprudence. Pp. 15.*

A copy of this beautiful address having been requested for publication by the graduating class, it has been printed by the Messrs. Wilson, in their usual elegant style. The lofty sentiments it conveys, and the wise council and warm encouragement it offers to the young aspirant in medicine, commend it especially to every young man in the profession. The address closes with a graceful and well-merited tribute to the talents, services and worth of Dr. BIGELOW, whose connection with the School ceases, after having presided over the department of Materia Medica and Clinical Medicine for forty years. A few copies of the address are left on sale at this office.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, APRIL 5, 1855.
 

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VELPEAU, ROBERT AND DELAFOND ON THE DIAGNOSIS AND CURABILITY OF CANCER.

THOSE of our readers who have occasion to see the foreign journals of Medicine, must have noticed with uncommon interest the discussion which has recently taken place in the French Academy of Medicine, on the subject of the Diagnosis of Cancer by means of the Microscope, and on that of its Curability. This discussion, after its apparent termination, has been again renewed, and sustained vigorously by M. Robert, in favor of the microscope, and MM. Velpeau and Delafond, who doubt the utility of this instrument in the diagnosis of malignant disease. The *Archives Générales de Médecine* for February, contains an excellent summary of the debate, and affords an opportunity of furnishing our readers with a sketch of the views of these eminent men on a subject of such great importance.

M. Delafond is a believer in the doctrine of Schwann on the unity of the cell. According to him, the whole organization proceeds from a single element, the cell, which is every where the same. It is only distinguished in the different tissues by the nature of the substance contained in it, and which it derives from the surrounding blastema. Thus the cancer cell possesses nothing specific in its external attributes; its identity depends upon the cancerous liquid which it contains. M. Delafond also supposes that the form of the cell depends upon the character of the tissues in which they are situated; thus, in a soft membrane it is spherical, or oval; under an opposite condition it assumes a fibrous or fusiform aspect, or is even flattened. M. Robert exposes the fallacy of this hypothesis by showing that the spherical or oval cancer cell is often found in the most dense scirrhus, whereas in encephaloid, when softened, and even ulcerated, it is not uncommon to find elongated cells; and in epithelial tumors, free from all compression, as in the lip, or the neck of the womb, flattened cells exist. M. Robert also shows that it is impossible for one familiar with microscopic researches to confound with each other the cancerous, fibro-plastic, epithelial and pus cells; or that the pavement epithelium of the different mucous membranes can be mistaken for cancer cells.

M. Velpeau maintains that cancer cells have been found in tumors which were not cancers, founding his diagnosis not on the permanence of cure, after extirpation, but on the general physiognomy of the patient. But M. Robert clearly shows that of all the symptoms assigned by clinical teachers to cancerous disease, there is not one which is pathognomonic; that those which are reputed most characteristic of the malady, are occasionally met with in affections of a wholly different nature, and he cites as an example the retraction of the nipple, which is found, not only in scirrhus of the breast, but in a form of hypertrophy of that organ, recently described by M. Robin.

M. Velpeau disclaims all intention of throwing discredit upon microscopical researches, or of depreciating men who have undertaken them. He only says, that in certain cases cancer could be diagnosticated without the microscope, and had been cured by operation; propositions which, we presume, no one denies. As to the identity of the cancer cell, he explains how the disagreements between microscopical and clinical observation arose.

He gave certain tumors to microscopists; sometimes they found cancer cells—at others, these were wanting; but in several instances the tumors without cells (non-cancerous tumors, according to the microscope), returned, and multiplied, like the others. On the other hand, M. Velpeau claims to have seen tumors in which microscopists had found cells, and which were nevertheless not cancerous; but his diagnosis is founded only upon the fact that the disease has not returned, whereas it is possible that it may yet do so, in each case. This argument, formerly urged by Velpeau, has been of essential service to the microscopists, in compelling them to make more careful observations, whereby they have been led to discover the extensive class of *nucleated cancers*, now clearly established, so that the objection loses much of its force.

The conclusions of M. Robert have made a strong impression on the Academy; the most incredulous of that learned body begin to believe that there is some utility in the microscope, since so rigid and skilful an observer, after a long study with the instrument, affirms that the anatomical identity of the cancer cell is at the present day undeniable. “In conclusion,” says M. Robert, “a classification of tumors, founded upon their structure and anatomical composition, is at once the most philosophical and conformable to true science, the most certain guide both to the prognosis and for treatment. If the microscope has dispelled many illusions as to the curability of true cancer, it shows the possibility of curing many diseases which were formerly abandoned to a fatal termination. The researches made by means of this instrument have caused an immense progress in the study of abnormal productions, and if light is destined hereafter to shine more clearly upon so important a point, much of the glory which will result from it will belong to those who have undertaken these difficult labors with praise-worthy ardor and a perseverance worthy of encouragement.”

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#### THE LATE DR. JOSIAH S. HURD.

DR. HURD, whose death was announced in our last number, was for many years one of the principal practitioners in the city of Charlestown, where he was highly respected for his private worth as well as for his high professional ability. His death was occasioned by a rupture of the aorta. While visiting a patient, he was suddenly attacked with symptoms of what was supposed to be apoplexy, from which he partially recovered, and was apparently improving, when, at the end of a few days, he instantly expired. A *post mortem* examination revealed a rupture of the aorta, of upwards of an inch in extent, situated at the summit of the arch. The blood was forced between the middle and outer coats of the vessel, downwards towards the abdomen, and also in the direction of the heart, and finally escaped through a minute aperture into the pericardium. This was doubtless the immediate cause of death. A more minute account of the case, as reported by Dr. ELLIS, who made the dissection, will be given in a future number, among the Extracts from the Records of the Boston Society for Medical Improvement.

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*Charcoal as a Disinfectant.*—The London Lancet thus describes a simple method of obviating the unpleasant odor of sick rooms, &c., as practised in one of the hospitals in that city.—“The charcoal, as tried by Dr. Stenhouse in the dissecting rooms at St. Bartholomew’s Hospital, is in rough powder in shallow tin boxes, something in a rude way like lump-sugar broken small; the boxes are about two feet long and one wide, as nearly as we can now



bring them to mind. The effect, as we have been told, in removing noxious smells is quite remarkable ; there is no soiling or blackness visible at all. We should say that in wards of hospitals, where there were large purulent discharges from ulcers, such boxes under the beds would be very useful."

*Whitlow.*—Dr. Brown, of Chatham, publishes in the *Lancet*, the formula of a lotion for the treatment of *panaris*. It consists of three grains of burnt alum and two grains each of sulphate of zinc and acetate of lead dissolved in an ounce of warm water. The lotions are to be repeated frequently during the day, and Dr. Brown assures us that they will prevent, in the majority of cases, the formation of matter. We are inclined to believe that frictions with mercurial ointment and extract of belladonna, or an early incision, are more reliable abortive remedies in such cases.—*Virginia Med. Jour.*

*Medical Miscellany.*—The editors of the Buffalo Medical Journal have been prosecuted for libel by Mr. J. D. Hill—the alleged libel being contained in an anonymous article in the October number.—Dr. W. T. Grant has retired from the assistant editorship of the *Georgia Blister and Critic* published at Atlanta, Geo. ; Dr. H. Ramsay and two associate editors will hereafter conduct it.—An excellent valedictory address by Prof. S. B. Hunt, to the graduating class in the Buffalo Medical School, is published in the Medical Journal of that city. The class numbered 13.—The honorary degree of M.D. has been conferred on Cornelius Faling, of Royalton, Niagara Co., N. Y., by the University of Buffalo.—Dr. C. T. Quintard, late Professor of Physiology and Pathological Anatomy in the Memphis (Tenn.) Medical College, has withdrawn from his professorship and from the practice of medicine, for the purpose of devoting his future life to the duties of a minister of the gospel. A splendid Bible was presented him by the medical class on his taking leave of the College.—2,981 paupers were admitted to the Almshouse in New York city in 1854. At Bellevue Hospital, in the same city, 7,033 persons were under treatment during the year ; at Blackwell's Island Hospital, 3,749 ; Smallpox Hospital, 210 ; Lunatic Asylum, 486 ; in the Penitentiary, 5,983 ; Nursery, Randall's Island, 1,156 ; Workhouse, 4,423.—The Hospital for Consumption and Diseases of the Chest, at Brompton, England, has had a new wing added to it, and will now accommodate 230 in-patients, giving over 40 beds to each physician.—The Medical Society of Edinburgh lately celebrated its 118th anniversary.—In the Supreme Court, Philadelphia, Chief Justice Lewis has given a decision, granting a writ of error in the case of Dr. Beale, on the ground that the jury who tried the case, instead of being sworn to render a verdict according to the evidence, were sworn to try the guilt or innocence of the defendant.—The three children, whose birth was premature, belonging to Mr. S. S. Richardson, of Northboro', have died.

#### NOTICES.

*Communications received*—Five Cases of Placental Presentations ; Chronic Prolapsus Uteri.

*Pamphlets.*—Address to the Graduates of the Medical Department of Pennsylvania College, by J. M. Allen, M.D., Professor of Special and Surgical Anatomy. Philadelphia, 1855.—Annual Reports of the Lunatic Asylums at Worcester and Taunton.

**MARRIED.**—In Brooklyn, N. Y., Melancthon W. Fish, M.D., recently appointed physician to the Protestant Episcopal Mission in China, to Miss Juliet E. Maitland, of Chicago.

*Deaths in Boston* for the week ending Saturday noon, March 31st, 77. Males, 41—females, 36. Inflammation of the bowels, 1—disease of the bowels, 1—inflammation of the brain, 1—consumption, 19—carditis, 1—convulsions, 4—croup, 2—cancer, 1—dropsy, 4—dropsy in the head, 1—debility, 2—erysipelas, 2—typhoid fever, 2—hæmorrhage, 2—hooping cough, 1—disease of the heart, 3—influenza, 1—disease of the kidneys, 1—inflammation of the lungs, 4—disease of the stomach, 1—marasmus, 2—old age, 3—palsy, 2—premature birth, 1—rheumatism, 1—scrofula, 1—suicide, 1—smallpox, 3—teething, 4—unknown, 4—worms, 1.

Under 5 years, 24—between 5 and 20 years, 8—between 20 and 40 years, 23—between 40 and 60 years, 10—above 60 years, 12. Born in the United States, 48—Ireland, 20—Germany, 6—England, 2—British Provinces, 1.

*Massachusetts Medical Society.*—We learn that at the last meeting of the Councillors, the 27th of June (the last Wednesday in June) was appointed for the Annual Meeting of the Society.

*Position of the Uterus in Early Life.*—M. Porchat, Interne of the Parisian Foundling Hospital, has had many opportunities of examining the bodies of young female children dying in that Institution. His observations were chiefly made upon children about two years old, and often younger. He found that *anteflexion* existed in most cases, and hence concludes with Boulard, that this is the normal direction of the organ in childhood. He has also observed *retroflexion*, which condition he considers due to an abnormal deviation of the rectum. He does not regard flexion of the uterus in children as dependent upon intestinal distension from flatus, or upon cadaveric alterations, but thinks that the tissue of the organ is so soft at this period of life, that it has an inherent disposition to become doubled on itself. At a meeting of the Imperial Academy of Medicine at Vienna, Dr. Heschel stated that he had never seen deviation or misplacement of the uterus in the autopsies of young virgin girls *when the bladder was full*. On the contrary he had remarked its frequency when the bladder was empty.—*Comptes Rendus, &c., de Paris et de Vienne*.

*Gastrotomy.*—The *Wapello*, Iowa, *Intelligencer* gives an account of a Mr. T. W. BATES, who accidentally swallowed a bar of lead about eleven inches in length, while attempting to perform the feat of sticking it down his throat. He at first experienced no inconvenience, but afterwards became very ill, as was supposed from the poisonous effects of acids, acting upon the metal. It being found impossible to remove the lead in any other way, the stomach was opened by Dr. BELL of that place, and the foreign substance was extracted. It exhibited the appearance of having been partially corroded. The *Intelligencer* of the 9th states that Bates was rapidly recovering.

*The Study of Anatomy in Massachusetts.*—The bill entitled "an act concerning the study of medicine," which was before the House of Representatives on Wednesday, March 28th, provides as follows:

1. That Overseers of the poor, Boards of Aldermen, managers of almshouses, prisons, hospitals and houses of correction, shall, upon request, deliver to the order of any member of the faculty of any medical college, or to any medical practitioner, the dead body of any person which is required to be buried at the public expense, for the advancement of medical science, preference being given only to medical colleges during the terms of lectures. No applicant is to receive more than one body until others are supplied. Immediate notice to be given of the death of any person by the one who has charge of the almshouse, &c., to the city or town authorities, or inspectors of the establishment; and the dead body shall not be buried, or delivered for dissection, until notice has been given and permission granted, except when the death was occasioned by some contagious or putrid disease.

2. No dead body to be surrendered, if, within 24 hours after death, any person known to be a friend of the deceased shall become responsible for the funeral charges, or if any parent or child, husband or wife, brother or sister, shall request to have the body buried, or if the deceased person was a stranger, or a traveller who died suddenly. In such cases the body shall be buried. Physicians who receive dead bodies are to give certain bonds, and pay expenses of removal.

3. The dead bodies disposed of in this manner are to be used for the purposes of anatomical and surgical study alone, and in this State. A fine not exceeding \$500, or imprisonment not more than three years, is provided for removing the body beyond the State, or disposing of it for gain.

The vote by which this bill was passed to be engrossed was reconsidered, and then, after some rather earnest discussion, it was recommitted.

*Naval Medical Board.*—This Board is now in session at the Naval Asylum in Philadelphia. Surgeon THOMAS DILLARD, President; Surgeons JAMES M. GREEN and J. M. FOLTZ, Members; Passed Assistant Surgeon J. A. HENDERSON, Recorder. The Board will probably sit six weeks or two months.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, APRIL 12, 1855.

No. 10.

## ON KELOIDES.

[Read before the Boston Society for Medical Observation, March, 1855, by DANIEL D. SLADE, M.D., and communicated for the Boston Medical and Surgical Journal.]

THE term keloid, or keloides, is applied to a singular affection of the skin, extremely rare, and not even described by many writers on cutaneous diseases. The origin of the word is involved in doubt; some deriving it from *chele*, a crab's claw—while others, with more propriety, suppose that it was derived from *kelis*, a burn, owing to the resemblance of the affection to the cicatrix left by such an injury. This disease was first described by Alibert, and by him termed *cancroïde*, like cancer. Since this writer, we find observations upon the same affection in the works of Bielt, Velpeau, Cazenave, Warren and others.

Dr. Addison, who has recently published an excellent paper upon keloides, in the Transactions of the London Medico-Chirurgical Society, speaks of two forms of this disease under the names of "keloid of Alibert," and "true keloid." The former is the subject of the present paper. True keloid, he describes as a disease which has escaped the observation of other writers, and one which leads to much more serious consequences than the common form. It occupies the same tissues "and is first indicated by a white patch or opacity of the integument, of a roundish or oval shape, varying in size, and very slightly or not at all elevated above the surrounding skin," at commencement not attended by any pain or inconvenience, although a more or less vivid zone or redness surrounding the whole patch sufficiently attests the vascular activity going on in the parts beneath. As the disease proceeds, certain changes take place in the affected parts. Itching, pains, tightness, or constriction, are felt at the seat of the disease, accompanied by "a certain amount of subcutaneous hardness and rigidity extending beyond the site of the original superficial patch, although as yet without any necessary change in the appearance of the superincumbent skin. This hardness and rigidity can be distinctly felt, and, especially when situated on the extremities, may sometimes be traced along the course of the neighboring tendons or fasciæ, or stretching like a cord along the limb, so as to bend or shorten it,

and even interfere with the natural movements." As the disease advances, the skin, which may have presented only a slightly drawn or puckered look, now shrinks or shrivels, undergoing a decided change of color, becoming reddish, pinkish or yellowish. The cutis manifests a tendency to superficial ulceration or excoriation; or when not excoriated, is occasionally surmounted by obscure tubercular or nodular elevations, the whole appearance closely resembling the remains of a very extensive and imperfectly cicatrized burn. The elevated, claw-like processes extending into the neighboring tissues may also often be seen, bearing a very exact resemblance to those which characterize the keloid of Alibert.

Dr. Addison does not enter into any speculation regarding the origin and nature of this form of disease. He merely states that this morbid process is allied to inflammation, probably of a strumous character. Neither does he dwell upon the treatment, excepting to remark that with the exception of iodine, none of the many remedies tried, seemed to make the slightest impression upon the progress of the disease.

I am inclined to suppose, on reading Dr. A.'s description, that this form of keloides is more properly that form of *cancer*, which has its seat in the same tissue, the derma, and which has a tendency to increase rapidly, constricting and rendering the skin very tense, the parts becoming hide-bound. Velpeau calls this form cancer *rayonné*, and at his clinique I remember that he mentioned a case where the skin became so constricted over the chest by the progress of the disease, as actually to stifle the patient. He never advises extirpation in this form of cancer.

Warren, in his work on tumors, makes three varieties of this disease. 1. A white permanent elevation of the skin. 2. The spider-like pimple of the face. 3. The keloid of Alibert. To the latter form I wish to call your attention more particularly.

This affection, although rare, has characteristics so well-marked that it would be difficult to confound it with any other disease, especially when it has attained any considerable growth. It first appears as a small pimple or tubercle, round or oval in shape, hard, shining, and generally of a reddish tinge, although the color may vary, as we shall presently see. Its growth is slow, and it may attain the size of an inch to two inches in length, half an inch in breadth, and an elevation above the surrounding skin of from several lines to one fourth of an inch. To the touch it is hard, elastic, and would convey the idea of a cartilaginous body set in the skin. I can compare this peculiar feeling, particularly when the tumor is small, to nothing better than the induration which so well marks the true or Hunterian chancre, especially when this latter is seated upon some homogeneous tissue which can be easily compressed, as upon the prepuce.

In the majority of cases we find only one of these tumors, but occasionally several. Bielt mentions the case of a young woman who had eight of them upon the sides of the neck and chest. Caze-



nave speaks of having seen more than twenty upon the chest and arms of a young female. M. Lebert saw, in the wards of Velpeau, a case where the whole pectoral region of one side was covered with these tumors, many of which were sufficiently large to have reddened and eroded the surface of the skin at their borders. They may be together in the same neighborhood, or occupy parts remote from each other. Their place of election would appear to be upon the chest near the sternum, between or upon the mammae, or upon the arms. They may, however, occupy any portion of the surface of the body. Observation would seem to show that females are more prone to the disease than males. These tumors are generally attended with a pricking or burning sensation, more severe at certain times than at others. Sometimes it becomes almost insupportable, particularly in females—while in other cases, it gives rise to no inconvenience. As these tumors vary in shape, being sometimes oval, and sometimes elongated, with a convex or flattened surface, so does their color vary, from a blanched appearance to a light rose, or, as is most common, to a deep red, presenting exactly the tint of a cicatrix from a burn. Cazenave says their color undergoes changes, according to the temperature, and in females, at the menstrual period. Their growth, as we have seen, is gradual and slow, and seems to be effected by the gradual encroachment of the claw-like processes from the sides of the tumor upon the surrounding skin, producing a puckered appearance of the tissues.

Keloides is developed in the derma, or more particularly, according to Dr. Addison, in the subcutaneous areolar tissue, between the cutis and adipose membrane. This gentleman attributes the redness and itching attending the growth of these tumors to the presence of a degree of vascular excitement nearly allied to inflammation, and which gives rise to a certain amount of adhesion amongst the meshes of areolar tissue around.

As to the causes of this singular affection, we must confess our almost entire ignorance. Some have attributed it to the influence of the strumous diathesis. That it really depends upon certain constitutional conditions, we have reason to infer from the fact of its almost constant recurrence after extirpation. It would seem that the presence of the cicatrix of a boil, burn or recent wound, sometimes acts as an exciting cause, as we find the affection more frequently developed upon such parts, than upon the sound skin.

In our prognosis we can hardly consider that keloides is a serious or grave disease; and in those cases where it has assumed a malignant form, we may, perhaps, attribute such a result rather to the curative means employed than to the natural progress of the disease. If abandoned to itself, it makes very slow progress, and according to some authorities, occasionally disappears spontaneously, leaving behind merely a white cicatrix. Cazenave says that it very rarely terminates by ulceration.

In regard to treatment, we can say but little. Various internal

and external measures have been tried, without satisfactory results. Extirpation and cauterization have been too often followed by a return of the malady. Addison says, that when the disease has been first developed in a cicatrix, the extirpation has proved more successful, than when it has occurred in the sound skin. When extirpation is practised, care should be taken to remove a good portion of the surrounding tissues, in order to be sure of leaving no apparent traces of the disease behind. Moreover, the lips of the wound should be brought well together, and secured by adhesive plaster or collodion, in order that we may obtain union by first intention. It has been observed that the disease has returned in the wounds made by sutures. Warren speaks of a case where the disease not only returned in the cicatrix, but also at each of the points where the needle was passed through, so that instead of one tumor there were seven. Cazenave says that iodide of potassium has been administered with some success in cases where the disease appeared to depend upon a scrofulous diathesis. As we have before remarked, this affection, like cancer, seems to depend upon constitutional causes; therefore it would seem rational to suppose that the only sure method of combating it, is by general treatment.

The two following cases have come under my own observation.

CASE I.—February 7th, 1852. Mrs. P., colored, æt. 45. Reports that about four years ago, being in good health, she first perceived a small, hard, elastic tumor in the skin, just over upper third of sternum. Its growth, which was gradual, was accompanied by stinging, darting pains, almost constant, particularly at night, rendering her very uncomfortable. This tumor was also somewhat painful when squeezed or compressed. Knows no cause for the appearance of this tumor; never received any blow or burn upon these regions. At the expiration of two years, the tumor having attained the size of a large almond, she sought medical aid. Extirpation was advised and performed. The disease, however, returned in the cicatrix; and at the date when I first saw her, two years after the operation, the tumor had attained the same size as before, viz., about half an inch in length by one fourth in breadth, raised several lines above surrounding skin and convex upon the surface; quite painful when compressed. As the patient complained greatly of the annoying, darting and pricking sensations to which this tumor gave rise, I advised its extirpation again. This was done. Care was taken to remove a considerable portion of the surrounding healthy skin, and the wound was brought together by adhesive plaster. Although a portion of the wound healed by first intention, the disease returned in the cicatrix. I lost sight of the patient soon after.

CASE II.—February 2, 1855. John F., æt. 25; married. England. Tailor. Of decided lymphatic temperament; light complexion and brownish hair. Reports that, about four years ago, he first perceived a small, hard, oval pimple or tubercle in the skin, just over middle of sternum. This continued to grow very gradually,



its growth being accompanied by pricking, darting pains, much more severe when he became heated. About two years after, another similar tumor made its appearance, a little above and to the right of the first one, accompanied with similar sensations. About six months ago, another appeared to the left of the first one. Knows no cause for the appearance of these tumors. General health good.

Now, on examination, I find a tumor situated over centre of sternum, one inch and a quarter in length, half an inch in breadth, and raised half an inch above the surrounding skin; convex on surface. It is of a bright scarlet color, glistening, hard, elastic, regular in shape, with slightly-marked claw-like processes extending into surrounding skin from base of tumor. The skin in immediate neighborhood appears natural. Another tumor of similar character, and of nearly the same size, but not as hard or glistening, and of a blanched appearance, is seen to the right and just above the first described. Here the claw-like processes are very distinctly seen. Another, the size of a small pea, is to be seen at left of first. Suffers no pain on compression of these tumors.

Patient being desirous of having the largest of the tumors removed, the operation was performed. The same care was taken as in the first case to secure an immediate union. The disease has, however, returned in the cicatrix, and I have thought it useless to interfere with the other tumors.

Dr. Shaw made a microscopic examination of the tumor removed; this is his report:—

The tumor, to the unassisted eye, has a fine, fibroid appearance; the fluid expressed from it was clear. The disease was apparently confined to the cutis, and was covered with the epithelial layer. Its minute structure consisted of fine, wavy, straight and curling fibres with a few free, oval, fibro-plastic nuclei, such as are commonly found in these growths. It resembled the structure of the condensed cutis, rather than the coarse fibrous structure of fibrous tumors.

The following cases have been kindly communicated to me by Dr. J. M. Warren. One or two of them I had the opportunity of seeing with him.

CASE I.—A lady, 25 years old, of very delicate skin, for many years had a tumor on the back of right fore-arm, which commenced first from a scar caused by a burn. The tumor gradually enlarged to the size of a dollar, was quite elevated above the surrounding skin, of a whitish color, with red streaks through surface of it. It was the seat of severe lancinating pains. It was carefully removed, with the subjacent cellular tissue, and healed slowly, but well. It was not possible to approximate the edges of the wound, on account of its size and form. It remained well for some years, when the disease began to re-appear in the scar, and extended, so that at the end of nine or ten years it was nearly of the original size. Last year (1854) I again removed the disease, having first congeal-

ed the parts with a mixture of ice and salt. It again healed well. Now the place is occupied by a thin cicatrical tissue, much depressed beneath the level of the surrounding integuments. At one spot, there is a slight thickening and redness, the size of half a pea, and she imagines that after sewing a great deal she has a pain in it.

CASE II.—Healthy girl, 19 years old, with two keloidal tumors on sternum between mammary glands. Tumors elevated, reddish, one the size of a ten-cent piece, the other of a pea, and placed about an inch apart. I removed one, and brought the edges together with adhesive plaster after a little dissection underneath the skin to loosen it and allow more easy approximation. Stitches were avoided, for fear of a return of the disease in the places of suture. The disease returned in five or six weeks, notwithstanding all the care taken to secure a good union.

CASE III.—Lady, about 40 years old; has had a small keloid tumor on sternum for three years, commencing small and gradually increasing. I advised removal, as it was becoming painful, and the patient was apprehensive of cancer. The disease was removed by a skilful surgeon in a neighboring city, and the wound brought together by stitches. I understand that the tumor has returned at the original seat, and also in all the places of suture.

CASE IV.—I removed a tumor of this nature from a girl 17 years old, about a year since. It was situated on the back, over the right scapula, and was caused by a burn. The tumor was elevated above the skin, had the usual lardaceous look, with vessels streaking the surface of it. The dressing was conducted with much care. The disease, however, re-appeared within two months, but of less size, less induration, and free from the darting pains attendant on the former one.

There is a general idea among medical men in regard to these tumors, that they are of a cancerous nature, and that they terminate in cancerous ulceration. The patients are alarmed by the lancinating pain, described as similar to those belonging to a cancerous affection. I have seen many cases besides those above described in the practice of other physicians, both at home and abroad, and thus far have had no reason to believe that there was anything malignant in them; in fact, nearly all the above tumors were examined by experienced microscopists, and the only prominent characters of the texture were found to be fibrous—never cancer cells.

#### MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO I.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THAT INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

##### *Vesico-Abdominal Fistula.*

J. F., American, was admitted to the Hospital on the 27th of November, 1849. His occupation was pig-feeder to the establishment.



He was far from being intelligent, and could give no history of his disease. Denied having had of late any blow or fall. There was a large red tumor on the right side of the abdomen, having the appearance of an abscess. Its circumference was a circle, the diameter of which extended from a point, three-fourths of an inch from the umbilicus to within half an inch of the anterior superior spinous process of the ilium. The whole tumor fluctuated, and at a point, about an inch below and to the right of its centre, appeared about to discharge itself. I passed a lancet into the thinnest part. The first discharge was a bloody serous-looking fluid, leaving no perceptible odor. This was followed by bloody, ill-conditioned pus, mixed with curdy and membranous masses. His pulse was very feeble. *R.* Quiniæ Sulphatis, gr. j., thrice daily in solution.

On the following morning, the discharge continuing of the same mixed character, the medicine was directed to be continued, with the diet afforded to the inmates of the house. His bed was quite wet, and he had an intolerable urinous odor. On being accused of passing water in bed, he replied, that he could not hold it. On examination, I found the remains of an old large urinary fistula through the scrotum. A number nine catheter was passed into the bladder, and a few ounces of urine were drawn off. Over the abscess a compress was bound, and he was directed to empty his bladder as often as possible. He denied ever having gonorrhœa, which denial was afterwards retracted.

The discharge from the abscess for several days continued of the same character. Afterwards a clear yellow fluid passed by the opening, which was suspected to be urine. In consequence, on the 9th of December, the bladder being empty, a catheter was passed, and about  $\frac{3}{4}$  viij. of infusion of alkanet was injected. Upon contraction of the bladder, the colored infusion passed both by the catheter and the incision of Nov. 27th. A catheter was left in the bladder, but he complained that he could not retain it. After a few days the quinine was omitted.

*Dec. 20th.*—The discharge of urine continued from both passages. There was no pus with the urine from the urethra. The boundaries of the abscess had somewhat altered, extending on the right upper side in a line above the umbilicus towards the ribs, at an angle of  $45^{\circ}$ , with a line passing through the centre of the tumor parallel with the linea alba; and below extending directly to the central point of Poupart's ligament. The entire cavity seemed to be above the abdominal fascia. The redness had gone. His strength was good. I passed a director through the opening, and laid open the cavity from the highest external point, and again from Poupart's ligament upwards. No opening in the fascia was noticed, till the bladder was injected, when the injection passed through a hole about an inch to the left of the original puncture. A probe passed vertically its whole length, striking the undenuded pelvis, and it could be passed in no other direction. The catheter was left in the bladder, and the cavity was stuffed with lint.

*Dec. 21st.*—Patient very offensive. Removed the lint from the wound, which was filled with urine and much inflamed. The opening through which the probe passed was this day exactly at the centre of a line drawn from the anterior superior spinous process of the ilium to the symphysis pubis. Had not retained the catheter. Most of his urine passed by the false passage. On passing a probe into this passage vertically, as he was lying down, so as to touch its terminus, he complained of pain in the upper part of the urethra. A common probe, bent, was not long enough to decide the form of the cavity. Sitting up, two catheters were passed; one into the urethra, the other into the fistula. The latter conveyed most of the urine, though it was the smaller instrument. The wound was again filled with lint, and a compress and roller applied. The catheter was introduced, and he was desired to keep as much as possible in the sitting posture. There was a small ulcer on the sacrum.

*Dec. 22d.*—Catheter retained by a bandage. Urinous odor less.

*Dec. 24th.*—Quite feeble. Bandage caused œdema of prepuce. Fastened the catheter to the T bandage, which supported the abdominal dressings.—*R* Quinæ sulph., gr. j.; vini  $\frac{3}{4}$  ss. thrice daily.

*Dec. 25th.*—Dressings had been removed on account of abdominal pain. Lying on his left side; knees drawn up; tongue dry and brown. Pulse very feeble, rapid, and cannot be counted. Surface inclined to be cold. No pus from abscess, which is filled with urine.—*R* Quinæ sulphatis, gr. j.; vini xerici,  $\frac{3}{4}$  j. every hour. Reaction did not take place, and he died at noon.

Post mortem, by Dr. B. S. Shaw, Dec. 26th, at 10 3-4, A.M. Walls of abscess formed above by the superficial and below by the deep-seated abdominal fascia. A probe was passed into the fistula, while the peritoneum was laid open. Peritoneum studded with red, arborescent, injected points, its cavity containing  $\frac{3}{4}$  jv. of sero-purulent fluid, with shreds of lymph adhering to the peritoneal coat of the intestines. About a square inch over the rectum softened. The bladder was contracted, lying wholly to the right of the median line. Peritoneum covering the fundus of the bladder not inflamed. It appeared as if, during distension, the peritoneum, from some cause, had become inflamed, forming adhesions, by which the bladder was bound over to the right, and prevented from rising behind the pubis. Within the walls of the bladder was an abscess containing  $\frac{3}{4}$  ss. of sero-purulent fluid. The fistulous opening from the abdominal abscess, lined with a perfectly smooth membrane, passed between the bladder and the pelvis, in a curved direction, as the bladder was contracted. This fistula was six inches long. Into this fistula, another opened about two inches from its external orifice, having a distinct lining membrane and entering the cavity of the peritoneum. A probe passed perpendicularly, as the subject was on his back, entered the peritoneal cavity through the second fistula, striking the right sacro-iliac synchondrosis. Two fistulæ through the scrotum connected with the spermatic canal, and this with the inferior portion of the abscess.



## CHRONIC PROLAPSUS UTERI.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following result of treatment in a case of chronic prolapsus uteri, has been gratifying; and if you think it of sufficient interest to the readers of your Journal, you are at liberty to publish it.

Mrs. T., aged 56, of nervo-bilious temperament, gave birth to her last child sixteen years ago. Labor natural, though patient says it was more lingering than her previous labors, of which there had been four. As she began to get up from her last confinement, and be upon her feet, she felt the first symptoms of prolapsus. Says she was treated by tonics, injections, abdominal supporters, &c., some five or six years; or until nine years ago last October. About the "turn of life," the case assumed the form of procidentia, after which she was unable to stand upon her feet in consequence, and frequently suffered severely, when compelled to use the chamber-vessel. From that time until October last—a period of *nine years*—she had been almost continually upon the bed, unable to assume the erect position. Within that time she had availed herself of the counsel of several eminent practitioners; had been advised to wear, and had worn, the simple pessary, used the injections, and continued the abdominal supporters, but all with little or no benefit. On the 30th of October last, procidentia having occurred on patient attempting to move from the bed to a chair, I was sent for to see her for the first time. Patient emaciated, and suffering from nervous excitement; appetite poor; bowels costive; pulse, 100. Ordered no medicine, but directed the bowels to be moved by mild injections, and the patient\* to be kept quiet, in body and mind. I immediately ordered from the manufacturer a gold-plated stem-pessary, capable of being shortened or elongated at pleasure, by means of screw with a frame external, by which permanent support to the pessary could be made upon the pelvis. About the 25th of November, the pessary was applied, the abdominal supporter removed, and injections discontinued. Bowels to be moved daily by mild injections. Take quinine tonic, *ter in die*, and *tr. lupuline*, at bed time.

December 15th.—Patient much improved in strength; appetite better; pulse 90.

January 1, 1855.—Sits up somewhat, and wears the abdominal supporter when not in bed; sleeps well at night.

February 1.—Gets up from the bed alone; walks from her room to the kitchen daily.

March 20th.—Mrs. T. walks to the yard, and rides a mile and back, without suffering in any manner from it.

Does not the rapid improvement in this case, of so long standing, by the use of the stem-pessary, more frequently warrant the profession in resorting to that mechanical remedy, for the relief and cure of this great affliction?

H. S. HENDER, M.D.

Deer River, N. Y., March 27, 1855.

## Hospital Reports.

### MASSACHUSETTS GENERAL HOSPITAL.

*Wound of the Abdomen ; Hernia ; Death ; Autopsy.*—(Under the care of Dr. H. G. CLARK. Reported by CHARLES E. STEDMAN, House-surgeon.) Hugh M., æt. 25, mariner, was admitted 30th March, at 8, A.M. In a fit of drunken delirium he stabbed himself in the abdomen with a sheath-knife. There was little hemorrhage; the wound was dressed by a surgeon, and the patient sent to the Hospital two hours after the accident. His condition was as follows:—face flushed; eyes closed; stupid, answering no questions. Pulse 112, full and jerking. There is an angular, incised wound, part of which involves the umbilicus. Its direction is upward and backward, penetrating the peritoneum by a small hole, an inch above the external opening. Patient expresses no pain, except when the wound is roughly handled. Rest, cold-water dressing, some compression and frequent opiates were prescribed.

31st.—This morning, pulse 104, smaller. Has passed his urine naturally. On removing dressings find a protrusion of the omentum, as large as a hen's egg, through the wound, which cannot be returned by taxis. There was but little congestion, and scarcely any pain. Dr. Clark divided the stricture with a curved bistoury on a director, and returned the hernia, applying afterwards firm compression.

Evening.—Has been vomiting a dark-colored liquid. Face bathed with perspiration and flushed. Complains of pain from the tightness of bandage, which was slackened.

April 1.—Pulse 104, small. Abdomen somewhat tympanitic. Face dusky, with a choleraic expression. Great thirst, no appetite. Complains of no pain whatever. 7, P.M.—Is wandering in mind and body. House-surgeon found him walking about with a mug, demanding a drink. He had risen so quickly and quietly as not to alarm his next neighbor. Scarcely any pulse at wrist. One free dejection after an enema. Has vomited a black fluid without smell, all day and last night.

2d.—Was delirious during the night, and at 8, this morning, died comatose.

*Autopsy*, made by Dr. Ellis eight hours after death. Cadaveric rigidity well marked. *Wound* ran obliquely upward; the inner opening an inch above the outer, and an inch in diameter, round, with a smooth edge. Tissues below covered with lymph and pus. *Peritoneal surface* reddened throughout and smooth, smeared over with pus. Loops of intestine glued together by purulent lymph, but separated by slight traction. The *omentum* for a space of two inches in diameter below the wound, was an inch in thickness, reddened and covered with yellowish lymph and pus. In left *lung*, one small nodule of pulmonary apoplexy, three or four lines in diameter in lower lobe. The lungs are congested posteriorly, but everywhere crepitant.

The other organs were examined and found healthy.

## Reports of Medical Societies.

*The Suffolk District Medical Society.*—(Reported by the Secretary, J. B. ALLEY, M.D.) March 31, 1855. Dr. H. I. BOWDITCH exhibited a heart



which had been taken from a patient, who had long been subject to violent attacks of the "blue disease," and had finally died of phthisis. At the autopsy there was found tubercular disease of both lungs, and the heart was perfectly normal, with the exception of an aperture which extended from the right into the left ventricle, passing underneath the semi-lunar valves of the aorta.

Dr. B. also exhibited another specimen, taken from a man *æt.* 45, where the aorta had become ossified to such a degree, as to present the appearance of a perfect bony tube, communicating the sensation of bone to the touch and ringing like that substance when struck with the knife.

Dr. Wheeler exhibited a tumor of malignant aspect, which he had recently removed. This case will be more fully reported in a future number.

*Oral Communications.*—Dr. E. B. Moore reported a case of a young man *æt.* 18, who was accustomed to carry a revolver in his pocket. One day the pistol was accidentally discharged, and the force of the powder lacerated the integuments in the neighborhood of the femoral artery below the place of election, and actually tore the sheath of the artery itself, and the ball passed out through the integuments in the popliteal region. The patient subsequently recovered.

Dr. Keep remarked upon the prevalence of phlegmonous inflammation of the gums, and that in the slower degrees of it, where there was no great tendency to suppuration, he had found the application of an ointment of six grains of veratrine to  $\mathfrak{z}$ i. of lard, very efficacious in quieting the pain. A piece, about the size of the head of a pin, is the usual quantity applied, and its effect is to produce a sensation of warmth. Dr. K. alluded to a case where it was feared that it might be necessary to remove the tooth, but the application of the veratrine had completely quieted the irritation.

Dr. Wheeler inquired what had been the success of operations for tracheotomy in croup.

Dr. Homans, Sen. replied that in a number of cases reported in the French Journals, only 1 in  $4\frac{1}{2}$  cases recovered.

Dr. Hall mentioned that one of the French physicians had reported twenty recoveries out of sixty cases in which the operation had been performed.

Dr. Homans alluded to a case of croup, which he had seen in consultation, where the child had been ill five days. The very entrance of the sponge into the mouth produced a terrible paroxysm of dyspnœa. A glass syringe, with a long neck made of gold, having its extremity perforated with four small holes, and filled with a solution of Arg. Nit. grs. xl. to the  $\mathfrak{z}$ i. was introduced within the larynx, and the fluid thrown into the trachea with a jet. The effect was very favorable—the dyspnœa being much less, the child sank into a quiet sleep, and upon awaking it was not found necessary to introduce the syringe again, the child was so much relieved.

Dr. Williams mentioned a case of cataract upon which he had recently operated. The patient was an Albino, and after the dilatation of the pupil was effected, a reddish appearance was observed in the bottom of the eye, probably caused by the absence of the pigmentum nigrum.

Dr. Bowditch alluded to a paper published by Dr. Green, of New York, in the Am. Med. Monthly, in which Dr. G. advocates the injection of a solution of nitrate of silver into the lungs. The injection produces no ill effects, but on the contrary seems to act favorably in quieting the cough and allaying symptoms of chronic bronchial irritation. Dr. B. alluded to four cases in which he (Dr. B.) had made use of it without any suffering and with some success.

1st. The patient, a female, cook, generally tuberculous, with copious expectoration, was excessively annoyed by a constant tickling and cough. Both were much relieved by an injection of 3ss. of a solution of arg. nit. grs. xxx. to the ℥i.

2d. The patient, a man, who had an influenza with cough, with signs highly indicative of a thickened and congested state of the bronchial tubes. The cough was very troublesome at night, and opiates and antimonials were of no avail. Dr. B. finally proposed the injection into the lungs, the patient consented, the operation was performed, and the patient was able to sleep quietly most of the night.

3d. The patient, a man, who had been ill two years, and had taken inhalations of chlorine for gangrenous state of the lungs, in the manner alluded to at a former meeting. The injection afforded him much relief for a time, but subsequently the sputa augmented. Still under treatment.

4th. The patient, a man, with symptoms of confirmed phthisis, cavities in both lungs. Thinking that the cough might be caused by ulceration and thickening of the bronchial tubes, injected a solution of arg. nit. as above. The expectoration diminished, and the cough, which had been incessant, became less frequent.

Dr. B. expressed his opinion that the injection of the solution of arg. nit. into the lungs would become often an important therapeutical aid in the treatment of bronchial and even of phthisical affections.

### **Bibliographical Notices.**

*Twenty-second Annual Report of the Trustees of the State Lunatic Hospital at Worcester.* Boston, 1855.

*Report of the Trustees of the State Lunatic Hospital at Taunton, for the year ending November 30, 1854.* Boston, 1855.

Those who are but little acquainted with the condition of that portion of the insane of this Commonwealth which is supported and treated at public charge, will be somewhat startled by the statements presented in the first of these able and interesting reports. We confess we had supposed that Massachusetts, so widely known for her zeal in the promotion of knowledge, as well as for her benevolence in relieving the poor and suffering, and reforming the vicious, would bear comparison with any other Government in respect to her Insane Asylums. We were aware, indeed, that the City Institutions of Boston, owing to the ceaseless influx of foreign population, were at times unable to provide properly for all the insane who sought refuge in them; but it never occurred to us that a State possessed of unlimited means, with abundant opportunities for adopting every improvement in the art of treating the insane, with an intelligent population, and reckoning among its citizens some of the highest authorities on the subject of mental derangement, should possess a hospital which must be considered wholly behind the age in respect to most of the conditions upon which the welfare and cure of this unfortunate class depend.

We shall proceed to lay before our readers a brief account of the deficiencies of the Worcester Hospital, the causes of its present condition, and the measures suggested by the Trustees for their remedy. The building was opened for the reception of patients in 1832, and has received, since that time, four thousand seven hundred and fifty-seven patients. The Trustees say, "This Hospital was once a model one, in form and in administration;



and Commissioners came up hither from other States to study it, and went home to copy it. Our State felt a reasonable pride in the Institution, and in that remarkable and eminent man [Samuel B. Woodward, M.D.] who so long ministered it; and she indulged in not a little self-gratulation from year to year. It seemed to be thought that, as we had begun with the country's highest achievement, we had also arrived at the ultimatum of the world's possible progress. But while indulging in these pleasant remembrances of the past, and resting on our laurels, great improvements were made elsewhere; other hospitals were built on better models; other and better principles of administration were adopted, until now we find ourselves behind the rest of the world in respect to the facilities and the means which we give to those who have the care of our insane."

As the number of patients increased, the building was enlarged to accommodate them, although but little care appears to have been taken, in the construction of the new parts, to avoid the defects of the old, or to adopt those improvements, the utility of which had been tested in other institutions. "But when, besides the lack of these advantages, a hospital is overcrowded with patients; when it is obliged to huddle together over five hundred and fifty persons in apartments constructed for only three hundred and twenty-seven, and constructed, too, when less space was thought to be requisite than is now found to be essential; when, moreover, the patients, instead of being partly drawn according to the original purpose from an intelligent and educated yeomanry, are drawn mainly from a class which has no refinement, no culture, and not much civilization even—that hospital must certainly degenerate. Its degeneracy will be the more certain and the more striking if a short-sighted economy tempts its managers to adopt the readiest, instead of the wisest, methods of treatment, and to choose the cheapest, instead of the best system of administration."

The principal root of the evil seems to lie here. The hospital has more inmates than it can accommodate, or than can be properly treated by one Superintendent, who by devoting eight hours a day to the business of visiting, the patients (which constitutes but a portion of his duties), could only bestow, with all possible diligence, less than one minute upon each case. The natural consequence is, that the proper discipline of such an establishment—mild coercion, persuasion, and gentle treatment—must in some cases give way to the old and easy mode of obtaining order by main force, by physical restraint and seclusion. "Hence, while in some other hospitals the managers are taking down gratings, removing iron doors, breaking restraint chains, tearing up strait-waistcoats, disusing camisoles and straps, in a word, diminishing to nearly nothing the use of physical restraint and of seclusion, and substituting therefor increased supervision, and a variety of moral means, in this one they are building up new cells, and relying upon mechanical contrivances for restraining the patients. Now, however high among kindred institutions this hospital may have ranked, however excellent it may have been considered at home, it must be ranked low by competent and impartial judges."

"The sight of scores of men and women confined in cells, dignified by the name of strong rooms, or restrained in the use of their limbs by mechanical contrivances, has long constituted the most melancholy feature of this Hospital. In the mind of the visitor who doubted the necessity of this rude method of treatment, and who suspected that its adoption was the result of a parsimonious selection of the cheapest rather than the best method, the melancholy was not unmingled with sterner feeling."

"There are in the Worcester Hospital forty-eight 'strong rooms,' or rather cells. They are built of stone or brick, precisely like prison cells, with grated doors and windows, apertures for putting in food, taking out vessels, &c. They are so contrived that they can be easily warmed and cleansed from filth that offends the eye, but in all other respects they are unfit abodes for human beings. The older ones are perfectly detestable. Opened to the more enlightened moral sense of this day, they seem like the relics of a comparatively barbarous age. Well might the Trustees, in the Report of last year, ask, 'how is it possible that the furious, the violent, the indecent, should ever be restored while occupying apartments unfit for the abodes of dumb beasts?' They might have added, that any sane man, unless an eminent non-resistant, would become 'furious and violent' by being placed therein." Is it possible that this state of things exists in Massachusetts?

The situation of the Worcester Hospital has become, in consequence of the encroachments of a busy, manufacturing city around it, peculiarly unfitted for the treatment of a diseased condition which of all others requires seclusion and the absence of all causes of excitement. To this may be added the monotony of the whitewashed walls of the long galleries, and barren, desolate-looking apartments, the great deficiency of means of amusement and occupation of the patients, as also calculated to exert a depressing effect upon its melancholy inmates. The latter evil must be peculiarly felt among a class of patients who have been accustomed to work for their subsistence, as is the case with a great majority of the inmates of this institution. Idleness alone is often sufficient to produce mental derangement in such persons, whose imperfect education and mental cultivation incapacitate them for supplying absence of bodily occupation by healthy exercise of the mind.

In respect to ventilation, drainage, heating, cooking, and many other particulars, this hospital appears to be very defective. But our limits will not allow us to enlarge on these subjects, for which we must refer the reader to the Report itself.

In proceeding to notice the causes which have contributed to lower the condition of our State hospital, we wish it to be distinctly understood that we cannot find that any incapacity or unfaithfulness is to be attributed to the eminent Superintendent. Dr. Chandler has done all that a man could do with the means he has had at his command, to promote the welfare and improvement of the immense number of patients under his charge, and to this fact is mainly to be attributed the favorable statistical results for the past year. Out of 433 patients discharged, 122 had recovered, 53 were improved, 90 were incurable or harmless, 139 incurable and dangerous, and 34 died. The large number of discharges is owing to the transfer to the new hospital at Taunton, of 210 patients, so that in reality there were 122 recoveries and 34 deaths out of 223 discharges. There has been no epidemic, and but little acute disease. That physical restraint was only resorted to from necessity, in consequence of the over-crowded state of the hospital, is shown by the following passage from Dr. Chandler's report. By the transfer of two hundred and ten patients to the Taunton Hospital, "our number of patients was reduced from five hundred and fifty-nine to three hundred and forty-three. This reduction took off no more than the over-plus, and left this hospital quite full, but not crowded. The relief thus afforded us was seized upon to paint and fit up several of our wards. But more desirable to us than for anything else, it gave us a possible chance to abandon nine strong rooms that had been daily used, ever since the institu-



tion was opened, for the violent and filthy males, and also to disuse, forever I trust for that purpose, eight rooms in the basement of the north old wing for the same class of females."

The fact that this Institution has long contained "*more than twice* as many patients as can be carefully, properly and faithfully treated," can only be accounted for by a short-sighted policy on the part of the Legislature, in so long delaying to provide for the increasing number of the insane. The evil is at last partially remedied. A new establishment has been opened at Taunton to accommodate two hundred and fifty patients, and which has relieved the Worcester Hospital of two hundred and ten inmates; but the Superintendent estimates that the new hospital will be filled at the end of a year, and unless some new accommodation is offered, it must undergo the same change as at Worcester; originally a hospital for the cure of insanity, it will become a prison for the safe-keeping of lunatics.

As a remedy for the present condition of the Worcester Hospital, the Trustees recommend that the ground and buildings be sold, and that a new building be erected upon a suitable site in the immediate neighborhood. The reasons for this recommendation are sufficiently obvious; they comprise, the annoyance caused by the vicinity of buildings, manufactories and railroad tracks; the impossibility of suitably draining the ground; the bad construction of the main building; the imperfect ventilation; insufficient and insecure arrangements for warming the building, which has already been on fire several times; and lastly, reasons which all will agree to be valid: *first*, in order to render the old buildings safe, a new apparatus for warming would have to be introduced, which would cost from sixty to seventy-five thousand dollars; *second*, the real estate of the present Hospital would sell for at least one hundred thousand dollars more than the cost of a suitable site for a building and a good farm in the neighborhood.

In the meantime the Trustees, after frequent interviews with the Commissioners appointed to ascertain the number, condition and wants of the insane, have agreed with them that in view of the urgent need for more accommodation, a new hospital should be erected immediately in the western part of the State, to contain two hundred and fifty patients, and that the final action upon the question of the disposition to be made of the property at Worcester should be deferred until the western hospital is completed.

We turn with pleasure to the Report of the Taunton Hospital, whose success during the first year of its existence seems to have been all that could reasonably be expected. The situation is secluded but convenient, and its natural advantages are great. The main building is on the whole well constructed, but will require some improvements, especially in the system of ventilating. As originally constructed, the Hospital contained forty-two *strong rooms*, or cells, such as are used in ordinary prisons, for the reception of violent and filthy patients. The Trustees, with praiseworthy humanity, caused these dungeons to be demolished, before the building was occupied, and other and more suitable apartments to be constructed in their place. In no instance has the want of these places of confinement been felt, although among the number received from Worcester were three who had been confined in *strong rooms* during the whole of the last three months passed in Worcester, and six who had been confined a third of the time. Now, every one of these patients is left perfectly free, and no evil consequences have ensued. The Trustees "render their unanimous and hearty testimony to the manner in which Dr. Choate, the Superintendent, has performed the duties of his office—duties, the successful performance of which requires the union of rare qualities."

In conclusion, we hope the Legislature will take into serious consideration the condition of the Insane in our Commonwealth, and adopt the suggestions of the able body of Trustees of the Worcester Hospital, to whose courage in exposing the deficiencies of that establishment the community is indebted no less than to their skill in pointing out the remedy.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 12, 1855.

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### SUFFOLK DISTRICT MEDICAL SOCIETY.

THE Annual meeting of this Society was held on Wednesday, the 4th inst. The attendance was unusually large, and much interest was evinced by those present. Agreeably to the regulations, a list of nominations for officers for the ensuing year, drawn up by a committee appointed for this purpose, had been read at the preceding meeting, on the last Saturday in March. These candidates were all elected by a respectable majority, although some of the Councillors received a less number of votes than the others, from a supposed want of interest in the Society. It was stated that several of the gentlemen had scarcely attended a single meeting, and had even expressed an indifference to the welfare of the Society. After the election, a resolution was proposed, rendering ineligible for re-election any officer who should be absent, without satisfactory reasons, during the space of one year, from the meetings of the Society or from those of the Committees to which he might belong. This resolution was opposed, on the ground that it was an infringement on the privileges of members, and after some discussion the proposal was rejected.

A consideration of the subject leads us to coincide in the propriety of this decision, not only for the reasons alleged, but because the Councillors are not officers of the Suffolk District, but of the Society at large, and their absence from the meetings of the former cannot be construed into neglect of the Parent Society; indeed, we know of more than one efficient Councillor, whose zeal for the welfare of the Massachusetts Medical Society has never been doubted, but who seldom or never attends the monthly meetings for Medical Improvement. We are glad, however, to see this expression of feeling on the part of members. It certainly seems reasonable that gentlemen who are so far honored with the confidence of the District Society as to be elected by it to the responsible office of Councillors, should attend the meetings of that Society, and raise the character of the profession in our State, by aiding in the promotion of medical improvement. We doubt not, this feeling on the part of members of the Suffolk District will show itself in the elections next year.

We publish on another page the list of officers of the Society, together with the Councillors and Censors for this District.

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### MR. JAMES HENRY HASZARD.

THE death of this estimable young man, late of the medical class of Harvard University, under circumstances so peculiarly distressing, had already been made known in our daily journals, when one of his medical teachers handed to us a paper edited by the brother of the deceased, containing a full account of the fearful sufferings encountered by the party of whom he was the only one who died, although none escaped without serious injury.



Mr. Haszard was a favorite both with his teachers and his fellow-students; he possessed talents of just the stamp required to make a useful physician. At the age of 18 years, full of hope and energy, he has been taken away in a most sad and painful manner. It would be difficult to over-rate the terrible endurance of the crew of the fated boat, which, when within one half mile of a safe landing, was compelled by the force of storm and surf to put out again to sea, and "drifted helplessly in the Gulf (Straits of Northumberland), throughout Friday night, Saturday and Saturday night," 9th and 10th March. Prevented by the drift-ice from landing on Sunday, the boatmen and passengers dragged their boat all that day and until Monday noon;—*without having any other food for three days*, they killed, and ate *raw*, a spaniel belonging to one of the party. At this juncture, Mr. Haszard, being wholly exhausted, was placed in the boat, and thus conveyed towards shore by dint of extreme toil. He died, however, on Monday evening (March 12th). Mr. Johnston, a medical student accompanying Mr. Haszard, was badly frost-bitten, as were the others. We believe that all who knew the subject of this notice will acknowledge the truth of an obituary, a portion of which we copy from the paper above referred to—"Haszard's Gazette," of March 21st, 1855, published at Charlottetown, P. E. Island:—

"The deceased was a student in the Medical College attached to Harvard University, and gave indications of peculiar talent and aptitude for the line of study he had adopted. To these were joined an unremitting industry in the acquisition of knowledge, and sedulous attention to the required exercises, that, had his life been spared, would have raised him, in all human probability, to great eminence in the profession. Kind, gentle, and affectionate, of irreproachable moral character, and mild and gentleman-like in his manners, he had risen high in the esteem of all who knew him. A dutiful son, a kind brother, an attached relative, his untimely loss is severely felt and deeply deplored by his friends and family. When time, however, shall have abated and softened down the poignancy of grief, the remembrance of his virtues will form the most effectual source of consolation, and gradually reconcile them to a patient and humble acquiescence in the decrees of an all-wise, though mysterious Providence."

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#### THE LATE DR. PEIRSON'S DESIGN FOR THE WASHINGTON MONUMENT.

ONE of the best suggestions of this highly respected and much lamented physician, was made to the Chairman of the Committee of the American Medical Association charged with procuring a proper stone, with a suitable device sculptured on it, to be placed in the Washington Monument. This suggestion was adopted, and has been carried out. A block of Vermont marble has been prepared, and the scene of Hippocrates refusing the presents and invitation of the king of Persia, on the ground that his services belonged to his own country and were not to be had for its enemy, has been sculptured on it by an artist, who succeeded so well in his work, that he has been sent to Italy by admiring friends for the sake of advantages there afforded. A daguerreotype copy of the well-known print was taken in Salem, under the direction of a daughter of Dr. Peirson, from which the bas-relief was made. The cost of the whole work has exceeded the estimate, and the committee must raise three hundred dollars before the stone can be forwarded to its place of destination. An effort is making to raise one hundred dollars from physicians in Boston and its vicinity, and we must express our hope and conviction that interest enough will be felt in the undertaking to insure

its success. A daguerreotype copy of the print is at our office, and we would invite members of the profession to call and look at it. Any contributions which may be sent to our care, we shall be most happy to receive, and will see that they are promptly forwarded to those who have charge of the business.

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*Middlesex (Mass.) South District Medical Society.*—The annual meeting of the Middlesex South District Medical Society was held at Waltham, on Wednesday, April 4th, 1855. The following persons were elected officers for the ensuing year:—*President*, Dr. Sewall G. Burnap, of Holliston; *Vice President*, Dr. Horatio Adams, of Waltham; *Secretary*, Dr. W. W. Wellington, of Cambridgeport; *Treasurer*, Dr. R. S. Warren, of Waltham. *Committee of Supervision.*—The President, Vice President, Secretary and Treasurer ex officio, and Drs. Hiram Hosmer of Watertown, and Theodore Kittredge, of Waltham. *Councillors.*—Drs. Kittredge, of Waltham; Morrill Wyman, of Cambridge; Jacob Hayes, of Charlestown; Levi Goodenough, of Sudbury; Otis E. Hunt, of Weston; John W. Osgood, of Saxonville; John Hoyt, of Natick; Isaac G. Braman, of Brighton; Samuel Richardson, of Watertown; Eugene E. Braun, of Charlestown. *Censors.*—Drs. Morrill Wyman, of Cambridge; Anson Hooker, of East Cambridge; James M. Whittemore, of Brighton; Simeon Whitney, of Framingham; and Jacob Hayes, of Charlestown.

The following persons were chosen delegates to the meeting of the American Medical Association, to be held in Philadelphia, in May, 1855. Drs. Sewall G. Burnap, of Holliston; Horatio Adams, of Waltham; W. W. Wellington, of Cambridgeport; Anson Hooker, of East Cambridge; Luther V. Bell, of Somerville; Richard L. Hodgdon, of West Cambridge; Allston W. Whitney, of Framingham; Morrill Wyman of Cambridge; Jonathan W. Bemis, of Charlestown; Otis E. Hunt, of Weston.

*Voted*, That if any delegate, now elected, be unable to attend the meeting of the Association, he shall have authority to transfer his certificate to such other member as he may select, and he shall then endorse the transfer on the back of his certificate.

The annual report of the Treasurer was read and accepted.

*Voted*, That the Treasurer be authorized to pay the expenses of the dinner, at the future meetings of the Society, out of the funds in his hands.

Dr. Morrill Wyman, of Cambridge, was chosen to deliver an address at the next semi-annual meeting; and Dr. W. W. Wellington, of Cambridgeport, was chosen his substitute.

An address was delivered by Dr. Simeon Whitney, of Framingham, on the "Medical Profession," closing with an appropriate notice of the late Dr. Hurd, of Charlestown.

*Voted*, That the thanks of the Society be presented to Dr. Whitney for his appropriate and interesting address.

The following resolutions were presented by Dr. Hayes, of Charlestown, and unanimously adopted.

*Resolved*, That in the sudden death of Josiah Stearns Hurd, M.D., of Charlestown, this Association suffers the loss of an eminent physician and an excellent man. That his genial disposition, his kindness of heart, and strong common sense, endeared him to his professional brethren, and rendered him a popular physician and a safe counsellor.

*Resolved*, That this Association most sincerely condole with the family of the deceased, in this their hour of affliction.



*Resolved*, That a copy of these Resolutions be transmitted, by the Secretary, to the family of the late Dr. Hurd.

*The Emigrant Refuge, Ward's Island, New York.*—Dr. Henry G. Cox is physician in chief to this institution, and Dr. Carnochan surgeon. From the annual report it appears that in 1854, the number of patients cared for in the Hospital during the year was 15,950—701 of the number having been born there. The number of inmates on the 1st of January, 1855, was 3,168; number of deaths in Refuge and Hospital during the year, 1,707. The deaths in the Surgical department was less than two per cent. of the cases treated, which is a lower mortality than that of the population of the City, sick and well.

*Prof. Draper and Dr. Reese, of New York.*—We have received from a respectable source the following statement of Dr. Draper in relation to questions at issue between him and Dr. Reese. As the matter is to undergo a judicial investigation, we prefer to wait till we are made acquainted more fully with the facts of the case, before espousing either side. The "document" alluded to in Prof. Draper's statement, and which we cannot find room to insert, was intended as a formal apology to Prof. Draper, and a retraction of the statements made concerning him.

"TO MY FRIENDS:—Dr. David M. Reese, the editor of the American Medical Gazette, having caused to be published in his Journal a statement intended to injure me in the estimation of this community, among which it is my privilege to have many old and sincere friends, and having refused to make reparation to me by signing his name to the document printed below, I have been constrained to defend myself by bringing a libel suit against him.

"For one who desires to live as unobtrusively as is consistent with his professional duties, there is nothing more repulsive than to be thus wantonly dragged into such an unprovoked strife. But under these circumstances I am sure that I shall have the moral support of my friends, and the good wishes of every upright man.

JNO. W. DRAPER, M.D., *University New York, April 5th, 1855.*"

*Medical Miscellany.*—Prof. Gibson, who has occupied the chair of Surgery in the University of Pennsylvania since 1819, is about to retire from it, and recently delivered his valedictory.—The editor of the New Jersey Medical Reporter suggests that the editors of medical periodicals meet in Convention during the sitting of the Medical Association in Philadelphia next month—a good suggestion.

#### NOTICES.

In the Journal for March 29, page 150, the contents of the gall-bladder there described should have been stated as 12 fluid ounces instead of 2 fluid drachms.

*Communications received.*—Case of Infantile Convulsions treated by the Douche.—Case of Abscess in the Tibia.—We have received a Communication signed \* from Chester, exposing a well-known quack, now practising successfully in Boston. Our only motive for declining to publish the article is, that by doing so, we should only add to the notoriety of the empiric, without interfering with his success.—Contagiousness of Puerperal Fever.—Remarks on Hare-Lip.

*Pamphlets received.*—Statistics and Cause of Asiatic Cholera.—Statement of Facts in a Case of Dislocation of the Femur. By Prof. Charles Bell Gibson.—Annual Announcement of Lectures in the University of New York. Session of 1855-6.

*Deaths in Boston* for the week ending Saturday noon, April 7th, 65. Males. 35—females, 30. Apoplexy, 1—congestion of the brain, 2—consumption, 15—convulsions, 3—croup, 2—cancer, 1—dysentery, 1—dropsy, 1—dropsy in the head, 3—debility, 2—typhoid fever, 2—scarlet fever, 2—disease of the heart, 2—homicide, 1—intemperance, 1—inflammation of the lungs, 6—marasmus, 2—measles, 2—old age, 3—palsy, 1—suicide, 1—smallpox, 3—teething, 3—thrush, 1—unknown, 4.

Under 5 years, 32—between 5 and 20 years, 8—between 20 and 40 years, 8—between 40 and 60 years, 7—above 60 years, 10. Born in the United States, 48—Ireland, 11—England, 4—British Provinces, 2.

*The Offspring of Blood Relations.*—The following Circular appears in the March number of the *Western Journal of Medicine and Surgery*, with a request by the editors that it be copied into the other Medical Journals of the country. The subject is a most important one—it has been frequently alluded to in the pages of this Journal—and we cheerfully give place to Dr. Bartlett's circular, which we hope will receive the attention it deserves.

CIRCULAR.—My attention has recently been directed to the defects in the offspring of parents related by consanguinity. So frequent and serious have the ill results of the intermarriage of blood-relations been found, that I deem it philanthropic to prepare a report on the subject, with a view to leading to legislative action on the subject. That my report may be as full and satisfactory as possible, I have to beg of physicians or others the favor of sending me histories of such cases as may have fallen under their observation.

The following questions, I believe, cover every point of interest in each case. To prevent confusion, the names of the parties, or their initials, should be given, though, of course, these will be suppressed in the report:

How many instances of intermarriage among blood-relations have you known? In how many of these were all the offspring perfect?

What was the state of the health of each parent? Had the mother borne children previously? If so, were the first children of her relative inferior to the latter ones?

Did the parents resemble one another? that is, had they the same peculiarity of form, manner, mode of thought, &c.?

Have the parents, in any case, been the offspring of blood-relations?

How many children followed the union? How many of them were idiotic, epileptic, rachitic, or deaf? If none were so, what is the absolute and relative cleverness of each?

In cases where the offspring have grown up, is there any tendency to insanity, epilepsy, or any similar disorder?

Has the mother of imperfect offspring married again? If so, what is the character of the children by this union?

JOHN BARTLETT, M.D.

Louisville, Ky., March 10, 1855.

*Officers of the Suffolk District Medical Society.*—The following officers were chosen at the meeting of the Society, April 4th.—*President*, Ephraim Buck; *Vice President*, J. Mason Warren; *Secretary*, John B. Alley; *Treasurer*, A. A. Watson; *Librarian*, William E. Coale; *Supervisors*, John Homans, Silas Durkee.

*Councillors for Suffolk District*—Jacob Bigelow, George Hayward, Ephraim Buck, John Homans, John Jeffries, D. H. Storer, P. M. Crane, John Flint, Charles G. Putnam, Samuel Morrill, Henry Dyer, A. A. Watson, A. A. Gould, C. H. Siedman, Ezra Palmer, Jr., George Bartlett, Marshall S. Perry, J. B. S. Jackson, John Odin, Jr., N. B. Shurtleff, Charles Gordon, Henry G. Clark, H. I. Bowditch, J. Mason Warren, G. A. Bethune, Charles Chase, Charles E. Ware, Horace Dupee, James Ayer, John B. Alley.

*Censors for Suffolk District*—Phineas M. Crane, Charles G. Putnam, William E. Coale, William W. Morland, Henry W. Williams.

*Eviscion of the Deep Flexor of the Fingers.*—A man was occupied in loading wood upon an ox-cart, and was using a small chain at the end of which was a hook. At the moment he was adjusting the hook, the oxen started to one side and ran, tearing from the man's right hand a portion of the second phalanx of the middle finger, and at the same time the deep flexor muscle. As might be expected, much inflammation of the arm followed. By appropriate treatment this was easily subdued, leaving ankylosis of the articulation between the first and second phalanx; the arm retaining its functions.—*Dublin Medical Press*.

*Chloroform for Hiccough.*—I am not aware that it is generally known that chloroform is a specific for hiccough. I have used it for these last four years for checking it, and I have not failed in a single instance. A small quantity does, and I repeat it as often as the hiccough returns. Two or three applications generally prove successful.—*Dublin Medical Press, from Letter in Med. Cir.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LII.

THURSDAY, APRIL 19, 1855.

No. 11.

## ON THE CAUSE OF DEATH OF THE EMPEROR NICHOLAS.

BY S. KNEELAND, JR., M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE announcement of the Czar's death came so unexpectedly upon the belligerent nations of Europe, that all manner of secret causes were assigned to explain it. The rarity of a peaceful death among his predecessors, the importance of his agency in the war, and rumored discontents among his people, all pointed to assassination as the probable cause of his sudden decease. But we think the history of his sickness, notwithstanding the meagreness of the official bulletins, contains sufficient information for a diagnosis of his disease.

The following is a short history of the case from official accounts. The Czar was in the prime of life, æt. 58, and would have been selected from all Europe as the model of manly proportions. The only complaints he was subject to, were feelings of occasional oppression in the head and chest, doubtless owing to the unceasing activity of his brain, and his frequent exposure to severe cold. The unsuccessful and prolonged prosecution of the war kept both mind and body continually over-exerted, and rendered him peculiarly liable to the action of morbid causes; especially were the forces of the nervous system over-tasked, which sooner or later must end in proportional nervous depression. Among other recent exciting causes, was the intelligence that Sardinia had thrown off her neutrality and joined the Western Powers; he was entirely overcome with rage, and raved like a madman; no one dared oppose him, and the paroxysm was so violent and exhausting that it was feared he would lose his reason. In addition to this great nervous excitement, he had been suffering for some time (for how long is uncertain) with the "*grippe*" or influenza, an epidemic pulmonary catarrh, of considerable intensity. About the 18th of February his physician asked for a consultation, in view of the gravity of the symptoms. Notwithstanding the consultation, the particulars and results of which are unknown, the Emperor grew worse. On the 22d, there was great aggravation from want of sleep, increased

cough, and copious expectoration. In spite of the remonstrances of his physicians, though too ill to leave his room, he went out in very cold weather (20° below zero of Fah.), and inspected some troops. This was on the 22d, and was the last time he was seen in public; he was evidently very unwell, coughed violently and expectorated excessively, and went away bathed in perspiration though the exercising house was far from warm. In the evening he complained of feeling cold, and kept his cloak on in the room. On the 23d, he transacted a little business in his study, all the time lying on the sofa, and covered up with his cloak. From that time till his death, he did not quit his study. From the 24th to the 27th, the official reports were—"the Emperor does not leave his bed, as he is somewhat feverish; the cough is getting less and less hard," &c. On Feb. 28th, he became rapidly worse, and at night the physicians feared "paralysis of the lungs," and gave up all hopes of his recovery. From the reported questions of the Emperor, it appears that he feared "atrophy" of the lungs, and death from suffocation. The following are the official bulletins, as published in the London journals, and the Medical Times and Gazette, March 17th:

"*St. Petersburg, March 1, 1 25 A.M.*—Yesterday violent fever manifested itself, with inflammation of the lungs. The fever lasted during the whole night, and prevented sleep. The ejections continue without obstacle. A slight attack of gout is observable."

"*March 2, 4 A.M.*—The difficulty of expectoration from which his Majesty the Emperor suffered yesterday, has increased, which indicates the extinction of the action of the lungs, and renders the state of his Majesty most dangerous."

"*March 2, 9 A.M.*—The state of paralysis of the lungs with which his Majesty the Emperor was menaced, continues, and at the same time the danger arising therefrom.

DR. MANDT,  
ENOCHIN,  
DR. KARELL."

His intellect and speech continued perfect till the moment of his death, which took place without a struggle about noon on March 2d.

The London Medical Times calls the above disease "capillary bronchitis," and speaks in contemptuous terms of the physicians in attendance (who were homœopaths), for using such terms as "paralysis" and "atrophy" of the lungs in connection with the Czar's death. The London Lancet also hints that the Czar fell a victim to the incapacity of his physicians, and thinks the official bulletins so absurd that it prefers to think them mere pretences to hide the real facts of the case, and possibly to conceal a secret scheme of poisoning. Now, without meaning to defend homœopathy, and firmly believing that an allopathic or common-sense treatment of the case would have resulted in recovery, or at any rate not have been followed by such speedy death, we still think that the terms "paralysis" and "atrophy" of the lungs were perfectly proper in this case—and that, if the bulletins are false,



they are skilfully contrived, and fully substantiate the alleged lesions.

To revert to the history of the case. The Czar had been suffering for a considerable time with "influenza"; this, like all epidemic fevers, is accompanied by debility and nervous depression altogether out of proportion to the amount of inflammation, the nervous centres being primarily and especially affected. This runs its course in from three days to a week: and in this case must have been complicated with bronchial inflammation, assuming the asthenic form, both from the natural tendency of the disease and from the preceding nervous prostration of the patient. After exposure, violent perspiration came on, which is frequently a critical evacuation in influenza. This was probably the turning point in the disease, and lesions, which an energetic and appropriate treatment might have remedied, were allowed to take their own deathward course, without any known active treatment, and avowedly under a homœopathic supervision, which is, to all intents and purposes, letting the disease take its course.

Capillary bronchitis, or bronchitis affecting the terminal air-cells, is rare in adults; is accompanied with highly inflammatory symptoms, dyspnœa, pain and oppression, which were not complained of by the Czar. The firmness of his voice and the tranquil character of the symptoms are also quite inconsistent with capillary bronchitis or with pneumonia. The disease seemed rather a gradual weakening of the powers of life from nervous depression, accompanied by an accumulation of pulmonary secretions, increasing the difficulty of respiration and impeding the aeration of the blood, and by an inability to expectorate, both the consequence and the cause of the gradual extinction of the nervous energy—than an acute inflammation. But how does this substantiate pulmonary *paralysis* or *atrophy*?

The disease of the Czar was accompanied by profuse expectoration; as its character is not described, it is fair to infer that it was the usual viscid secretion of sub-acute bronchitis. The profuse expectoration, in a debilitated subject, would cause more or less obstruction to the entrance of air into the smaller bronchi, and increasing obstruction according as the cough became less strong and less able to expel it. The efforts of *inspiration* are always less strong than those of *expiration*, the latter being assisted by the impulse of cough, while the former must depend on the muscles which dilate the chest. Though *ordinary inspiration* is more of a muscular act than *ordinary expiration*, the *forced* expiratory act has been found by actual experiment to be one third more powerful than the extreme *force of inspiration*; clinical experience also shows that the principal difficulty in bronchitis accompanied by profuse expectoration, is during *inspiration*, as contrasted with the merely *accelerated* respiration of pure pneumonia. Pathologists had long noticed in adults portions of lung, circumscribed or diffused, so condensed as easily to sink in water, and

yet presenting none of the appearances of inflammation or of atrophy from structural disease ; resembling the unexpanded parts of a fetal lung. This condition was first accurately described and explained by Dr. W. T. Gairdner, in one of the Edinburgh journals, in 1850. He called it "bronchial collapse," and to it he refers the so called "lobular pneumonia" of children, many diffused forms of condensation referred to pneumonia in the adult, and the "carnification" of Laennec when not produced by pleuritic or other external pressure. In all cases of severe bronchitis, where the secretions are thick and ropy, this pulmonary "collapse" will be found ; presenting, instead of the granular aspect and cellular structures of pneumonic inflammation, the smooth appearance of muscular flesh and normal tissue. That there is no inflammatory exudation, is shown by the fact that such collapsed portions may be easily inflated, if recent ; while in the chronic forms this is impossible, as the parts have undergone a modification in their nutrition, causing a form of atrophy. This form of collapse, though common in children, is rare in the adult, unless in debilitated or typhoid conditions ; in the first of which the Czar certainly was. Dr. Fuchs (referred to by Dr. Gairdner) calls this condition "*apneumotosis*" ; he denies ever having seen a true pneumonic condensation in children under 5 years of age. From experiments given in this work, it resulted that the artificial obstruction of a bronchus always produced expulsion of the air from the part of the lung supplied by it, and the appearance of collapse ; and this partly from the comparative weakness of the inspiratory power ; and partly from the form of the bronchial tubes, gradually growing smaller, by which the expiration was enabled to remove the obstruction and expel the air, while inspiration drew it back and prevented the access of air. Thus the part must finally be perfectly collapsed, the air being expelled mechanically, and not from absorption by the bloodvessels as was formerly believed.

In the Czar's case were united the three principal causes of bronchial collapse ; viz., a great quantity of obstructing matters in the bronchi ; weakness of the inspiratory power, from the depressing action of his disease on the nervous system ; and inability, from the same cause, to expectorate fully the accumulated secretions. The force of the inspiratory power was also weakened in the Czar by tight lacing, carried, report says, to an extent seriously impeding the action of the intercostal muscles and diaphragm.

Pulmonary atrophy does not require tubercle, old hepatization, or other chronic structural changes, for its production. Chronic bronchial collapse was first acknowledged as a form of pulmonary atrophy by Dr. Stokes. The *senile atrophy*, of Magendie, with its complimentary lesion of emphysema in the opposite portions of the lung, is evidently the result of bronchial collapse, the predisposing and exciting causes being usually active in old persons. The Czar had had cough and bronchial



obstruction for some weeks before his death, which would be sufficient to produce collapse in a debilitated system; and, if the collapse was not removeable by the ordinary powers of inspiration, and still less by a much-weakened respiratory force, it might be called, to all intents and purposes, "atrophy;" and it would be a true atrophy, if the force to fill out the parts with air were beyond the unaided natural powers. Atrophy, as far as respiration and aeration of the blood are concerned, truly exists where there is a simple disappearance of the air-cells, leaving only the fibrous basis, without any change of structure. Structural changes may come after, increasing the degree of the atrophy, but not changing the etiology of the lesion. In this sense we think the Czar may be justly said to have had "atrophy" of the lungs; whether partial or diffused, no post-mortem examination tells us, though probably the former, from the subacute character of his disease.

For the cure of such collapse, in ordinary cases, nothing is needed but an inspiratory power sufficiently strong to remove the obstructing mucus and allow a free entrance of air into the lung; but, as both the inspiratory and expiratory forces would be diffused in their action, not acting solely or chiefly on the local obstruction, relief could not be expected from this source alone. The most active agent for removing the obstructing mucus, is the slow peristaltic motion of the circular muscular fibres of the bronchi themselves; this involuntary contraction depends on nervous influence supplied by the pneumogastric nerve. Here we come to the question of "paralysis" in the case of the Czar. In addition to the weakened respiratory forces, there must also have been, from the condition of his nervous system, a diminution of the nervous force presiding over this deobstruent property of the bronchial tubes, causing an accumulation of mucus and threatened suffocation from this source—and finally death from "paralysis," or suspension of the functions of the pneumogastric nerve. This nerve presides, also, according to Brown-Sequard's recent experiments, over the contractions of the small *vessels* of the lungs; their section, or suspension of their influence from any cause, acting on the nerves or their central origin, produces dilatation from "paralysis," and consequent stagnation of the pulmonary circulation. This was an additional probable cause of the gradual extinction of the vital power, by the action of an imperfectly aerated blood on the nervous centres.

Under such circumstances, what should have been the treatment? Evidently, stimulant emetics to remove the obstructing secretions without consequent depression—stimulating expectorants, like squills, senega, and ammoniac—camphor; quinine; general and nervous stimulants—galvanism; and similar remedies to cause a free removal and diminution of the secreted matters, and to arouse the slumbering energies of the nerves proceeding from the respiratory tract of the medulla oblongata, and, finally, strychnine.

Were such remedies used? None but his physicians know. If

they were not, the Czar adds another to the long list of illustrious victims to medical incapacity. But whatever the treatment, if the official bulletins mean anything and are not mere shams to hide a dark tragedy, we accept the diagnosis of his physicians of "pulmonary atrophy" and "paralysis," rather than that of "capillary bronchitis."

*April 7, 1855.*

## PLACENTAL PRESENTATIONS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I know not whether a history of the following cases of placental presentations is worth publishing, but as the subject has, of late, been repeatedly brought before the public in the pages of the Journal, I have concluded to send it in as concise a form as possible, leaving it to your choice to publish or burn it. These cases make up a catalogue of all that have occurred to me in my practice of forty-four years, consisting of about 3500 cases.

CASE I.—Mrs. P——, living about five miles from my dwelling, sent for me in haste, as she was said to be in labor, if I recollect rightly, with her second child, and that an alarming hemorrhage was present, endangering her life. This was on the morning of the 27th of August, 1816. I learned that one week previously to my visit, she had employed a Dr. W——, who, to make sure of a living, had added to his professional business, in company with another, a dry goods establishment. He found her suffering with dangerous flooding, and, I suppose, concluding with Falstaff, that "discretion is the better part of valor," he left her, with a strict and positive injunction not to call on him again, as he had an abundance of other matters to attend to. During most of the time between his visit and mine, she had slight labor pains, accompanied with more or less flooding, and was pretty well bleached and exhausted. I immediately examined and found the placenta protruding into the vagina, and the os uteri almost fully dilated. The pains were of the most feeble and inefficient kind. I was not many seconds in making up my mind as to what was to be done, nor of the manner in which it ought to be done. On introducing my hand into the vagina, the whole of the placenta slid forward, so that I grasped it and withdrew the hand still holding the placenta, and laid it aside, without, of course, taking the trouble of tying the funis, and, without the least delay, I introduced my hand into the uterus, and found very little difficulty in grasping the feet, turning and delivering. The uterus contracted favorably, and the patient, though exhibiting the most ghastly appearance, recovered as favorably and as rapidly as in ordinary cases.

CASE II.—This was the wife of a Mr. R——, who lived but a few rods from me. She first came under my treatment on the 16th day of May, 1819. She was about six months pregnant with



her fourth child. I found her with hemorrhage from the uterus. I bled her and gave pills of acetate of lead, and left her without making any special examination. The flooding returned at intervals oftener repeated, in spite of a constant use of the tampon, as well as all the usual internal remedies for a number of weeks, during which time I had satisfied myself, by examination per vaginam, that the placenta was fully attached over the os uteri, and the case was watched with the most intense solicitude till the 14th of July following, when I was called in great haste, as my patient was represented to be sinking under a sudden gush of blood that greatly alarmed the family and neighbors. No labor pains had occurred, but I found the os in a situation that, I thought, warranted an attempt at delivery. I succeeded with far less difficulty in dilating than I had anticipated, and perforated the placenta through its thickest part; then turned and delivered with perfect safety to the mother, but not to the child, and the patient had a good getting up.

CASE III.—Mrs. ——— had employed, on the 5th of June, 1841, a Dr. ———, who has since learned the “art and mystery” of the uroscopian, or, as he chose to call it, the “German Practice.” That, however, not comporting altogether with his finances, he has more recently assumed the cognomen of an eclectic physician, which, it is presumed, answers his purpose much better. If not a genuine disciple of Falstaff, he very sagely concluded, I suppose, that

“He that fights and runs away,  
May live to fight another day,”

for he “vamosed,” as they informed me, assuring the family that the woman would not be confined till the *moon changed*. The family, however, having no faith in “moon shine,” did not like to wait so long under the circumstances, and called on Dr. J. W. Palmer, who found the patient with dangerous flooding. She had gone her full time, had labor pains though feeble, and all the effect they produced was to increase the hemorrhage. Dr. P. examined and found the placenta presenting, and immediately requested my assistance. I found the flooding had already nearly prostrated her. The os was dilated to about two thirds its full size. There was not, as we both thought, any choice of measures to be pursued. The husband and attendants were informed of the nature of the case. I immediately sat down to the unwelcome task, and in about twenty or thirty minutes, at farthest, completed the dilatation, perforated the placenta, turned and delivered with the utmost ease, and perfect safety to both mother and child. The placenta separated kindly, the uterus contracted, and nothing untoward took place in the recovery.

CASE IV.—This was a Mrs. T———, in her first labor. She had gone her full time, and was the patient of Dr. J. Q. Howe, of the village of Vienna, who was early aware of the nature of the case, and of the difficulty and danger that attended it; and as he was *comparatively* young in the practice, chose not to encoun-

ter all the difficulties that he justly apprehended would attend, and the final result, and requested my assistance. The labor had continued a day or two, more or less, the dilatation proceeded slowly, the hemorrhage had become both alarming and exhausting to the patient's strength, and she was sinking very fast. The opening of the os was about the size of a dollar. I proceeded to complete the dilatation, which was of course attended with some difficulty. I then carried my hand up between the placenta and uterus, and grasped the feet; but from the rigidity of the parts I met with more trouble in turning, and in effecting the delivery, in this, than in any former case. The result was a living and healthy child, and a happy recovery for the mother.

CASE V.—Mrs. T—— called for me on the night of the 22d of February, 1853. I found her in a log-hut, surrounded by pine woods. The weather was cold, the room unwarmed and rather poorly lighted, the people were poor, and rather of the ignorant class, and it was not without much trouble that a clue to the nature of the case could be obtained. She was sitting up in the middle of the bed, and while I was endeavoring to draw out two ideas that would hold together, she fainted and fell on her back on the bed. Suspecting the cause, without so much as saying “by your leave,” I instantly made a full examination by the vagina, and found, to my chagrin, that the placenta was the presenting part, and that a dangerous flooding had already prostrated my poor patient to an alarming state, and that nothing was to be hoped for from any delay. Worst of all, the os uteri had barely commenced to dilate, not admitting the end of the finger, but it was very soft and easy to be dilated. I found some difficulty in forcing my finger into the os at first. It was so far relaxed that I proceeded without any delay to dilate, and effected the delivery in about an hour. I met with rather unusual trouble in the delivery of the head, and it was so long detained in the pelvis that it was stillborn. The placenta was perforated in the operation, and it adhered to the surface of the uterus and had to be separated wholly by art, after which the uterine contracted favorably, as I thought, and I went home in about an hour after, fully satisfied with the result of my efforts in this truly perplexing and unprofitable case. I heard no more from my patient for two days, when the husband called on me, being partly intoxicated, and said, in a careless way, that his wife did not get along so fast as she could wish, and would be glad to see me. This was about 3 or 4 o'clock in the afternoon. I repaired to the place without any delay, and found my patient *dead*. They informed me that she was taken with flooding early in the morning; that they immediately despatched her husband in haste for me, charging him to make no delay, but, instead of hurrying, as he was directed, he had spent the intermediate time in taking his potations at the tavern, and while thus engaged, his wife died. CALEB BANNISTER, M.D.

*Phelps, Ont. Co., N.Y., March 27, 1855.*



## ABSCESS OF THE TIBIA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In March, 1854, I saw John Neish, of a light complexion and scrofulous appearance. He had a "fever-sore" when a boy, and probably necrosis. He was aged 32, and had been treated for rheumatism during six months by different physicians before I saw him. I found him pale, weak, and without appetite. Paroxysms of pain were very intense and often repeated—ranging from his hip to his ankle. His emaciation was great, and pain extreme.

Having considered the symptoms, I pronounced his disease abscess of the tibia. I greatly feared the disease might have extended somewhat in the cancellated structure of the bone, towards its ends, breaking down or dissolving its delicate net-work, owing to his weak and greatly-impaired constitution. In place of the trephine, I took the common gimlet. Having cut down upon the flat side of the tibia, I put on my sharp gimlet, and bored down to the centre of the bone. The operation was somewhat painful. About a teaspoonful of matter followed the withdrawal of the instrument. One most extraordinary paroxysm of pain followed some hours after the operation, and since that time he has had no pain in the leg. The discharge gradually lessened and stopped. Tonics and *full diet* were directed, and he soon recovered. He works regularly on his farm, and has to this day had no return of the malady.

I am yours truly,

Delhi, Del. Co., N. Y., April, 1855.

FERRIS JACOBS, M.D.

## TWO CASES OF SUPPOSED MALIGNANT GROWTHS, REMOVED BY OPERATION.

[THE following account of two cases, treated by Dr. William J. Wheeler, of Chelsea, the specimens of which were shown at the last meeting of the Suffolk District Medical Society, as reported in our last number, has been furnished us for publication.—EDS.]

CASE I. was that of a lady aged about 45, who presented herself with a large tumor, situated upon the anterior and outer side of the knee-joint. The tumor was as large as a goose egg, but more round in shape. It had an elastic, and almost a fluctuating feel at points. It seemed slightly movable, and not implicating the cavity of the joint. It was also very vascular, the skin in places was of a purple hue, and the subcutaneous veins enlarged and tortuous. On the most prominent point was an ulcer, about as large as a quarter of a dollar, with a rank fungoid growth shooting from its surface, the seat of a profuse hemorrhage at short intervals, causing fainting. This tumor was about eight years in attaining its present size, and will weigh nearly sixteen ounces. Dr. Wheeler, with the assistance of Drs. Davis and Thorndike, removed the mass without

injury to the joint. The tumor proved to be truly encephaloid in character. The wound healed kindly, and the patient recovered the use of her limb, and has regained her usual health. One year and a half has elapsed since the removal, and as yet there is no appearance of a return of the disease.

CASE II.—Dr. Wheeler exhibited quite a large tumor taken from the neck and face of a lady, about 63 years of age. Her general health was good, and had always been so. The disease was first perceived about twenty years since, as a small tumor just in front of the lobulus of the right ear, gradually extending in its growth upward and forward on the face and cheek, also passing backward, so as to fill up the mastoid space behind the angle of the jaw, thus forcing upward the external ear, and pressing upon the auditory canal. The inconvenience it occasioned, as well as the fear of a future increase in size, and farther encroachment upon the important parts of this region, rendered its extirpation desirable. Dr. Wheeler, with the assistance of Drs. Thorndike and Davis, removed the tumor from its bed, without injury to the vessels and nerves which were exposed in this locality. The tumor was slightly movable, and invested with a distinct capsule. From its general appearance on cutting it open, it was at first supposed to be encephaloid in character; but at a future examination, Dr. C. Ellis thought that its microscopical appearance (though somewhat unsatisfactory from the condition of the specimen) rather indicated it to be of a fibroplastic nature. It is fourteen days since the operation; the patient is doing well, and has no facial paralysis.

#### ON CARCINOMATOUS DISEASE OF THE CAVITY, BODY AND FUNDUS OF THE UTERUS, THE CERVIX BEING UNAFFECTED.

[We are obliged to omit, in the following extract from Professor Simpson's forthcoming work, some of the cases given by him from his extensive practice.—Eds.]

Most pathologists and practitioners have laid it down that the cervix uteri is always, or almost always, the portion of the uterus that is first and principally affected in cases of cancer.

In a preceding page, we have seen Rokitansky stating that cancer of the uterus "always attacks the cervix in the first instance." "Cancer of the uterus," observes Dr. Walshe, "almost invariably originates in the cervix." In describing carcinoma uteri in his work on the Diseases of Females, Sir Charles Clarke remarks, "This disease attacks only in the first instance the cervix of the uterus, and the author," he adds, "lays great stress on this observation." "The cancerous action," according to Dr. Francis Ransbotham, "first assails the tissues of the os and cervix uteri. I believe," he continues, "this is invariably the case.

Such strong statements are liable to mislead the practitioner, and to cause, ever and anon, errors in diagnosis and prognosis. No



doubt, the cervix of the uterus is much more frequently the seat of carcinomatous disease than the cavity of the organ or the tissues of the body and fundus. But I have been myself deceived, and have seen others deceived by the common belief that cancerous affections never originate in the cavity, body, or fundus of the uterus, and without the cervix being primarily or eotemporaneously attacked. In the course of practice, I have seen, on the contrary, a very considerable number of instances in which carcinomatous disease, when affecting the uterus, has primarily sprung up in the cavity of the organ, or in the walls of the fundus or body, and in which the tissues of the cervix have remained sound to the last, or at most been only affected secondarily.

Carcinoma, when it attacks the cavity, body or fundus of the uterus, may appear under different types or forms. The principal varieties of it which I have had occasion to observe in practice are the following:—

1. When carcinomatous disease attacks the cavity of the uterus, it sometimes presents the form of an irregular, flat, or roundish fungoid *excrecence*, attached by a broad basis to a greater or less extent of the interior of the organ.

CASE.—The first decided instance of this kind which I had an opportunity of seeing was in an unmarried lady, 40 years of age, the sister of a distinguished English physician. For many months she had suffered under a constant and copious discharge of watery fluid from the genital canals, with occasional slight hemorrhage and gradual emaciation; but there was no local pelvic pain or suffering. She was for some time under the care of an esteemed obstetric practitioner here—a friend of her brother—and a great variety of applications were employed by him to arrest the profuse serous discharge. These applications had been all made to the surfaces of the vagina and cervix uteri; but without any effect on the copious morbid secretion. When I saw the patient with her physician and relative—as there was apparently no diseased state of the vaginal canal or cervix uteri, I suggested the introduction of a sponge-tent into the os uteri, with a view of shutting up that aperture for a time, and thus ascertaining if the abundant watery secretion did not proceed from the cavity of the uterus itself. As long as the tent remained in the os uteri the discharge was arrested—a phenomenon not observed for many months before; and on withdrawing it there was a copious rush of the characteristic clear fluid. The morbid source of it was thus proved to be some point or points in the interior of the uterine cavity. On opening up the os and cavity of the cervix more fully with sponge-tents, we were able to reach the edge of a rough tuberoso excrecence, attached by a broad basis to the interior of apparently a great part of the cavity of the uterus. Small granular portions of it were easily detached by the finger or nail. It seemed to all of us a sessile carcinomatous or cauliflower growth in the cavity of the uterus. The discharge

continued and increased; and the patient ultimately sank under the usual course of cancer about eighteen months subsequently.

Since the above case I have seen several cases of the same nature, at different stages of their progress. Occasionally the os uteri was so open as to allow the carcinomatous structure springing up from the interior of the cavity, to be felt at once by the finger. In one or two instances, I have seen the carcinomatous fungus protruding through the os, sloughing and gangrenous from the stricture and compression of the circle of the os upon it. But in most instances the disease has been in an earlier stage; the patient complaining of watery and bloody discharge from the cavity of the uterus; and the true nature of the malady was not ascertained till the canal of the cervix was artificially dilated for the purpose of a more accurate diagnosis by the finger.

In some of these instances of carcinoma affecting the interior of the uterus, the whole bulk of the organ is little, if at all, increased beyond its natural dimensions, and the discharge is bloody rather than serous; but towards the termination of the disease, it begins to present the odor peculiar to cancer, with shreds and fragments of the cancerous tissue passing along with it.

2. Occasionally, cancer affects the cavity of the body and fundus of the uterus, in the form of carcinomatous *ulceration*, and without any appearance of excrescence and fungation.

I have seen this form of uterine cancer destroy life without any other complication. But more frequently, I have seen it result apparently as the effect of the long-continued irritation of a pediculated fibroid polypus upon the interior of the uterus.

CASE.—In a case of long-standing menorrhagia, after dilating the uterine canals with sponge-tents, I removed, in the presence of Dr. Arneth, of Vienna, a small, hard intra-uterine polypus, attached by a short pedicle to the fundus uteri. The menorrhagia, however, shortly afterwards returned, and the patient died with the usual symptoms of uterine cancer about eight months afterwards, the cervix remaining, however, still unaffected.

Let me observe in passing, that I have seen two or three well-marked instances of carcinoma of the cervix uteri follow apparently the irritation of a polypus when allowed to remain long without removal, even after the body of it had passed from the cavity of the uterus to the cavity of the vagina.

3. The soft or encephaloid variety of cancer sometimes affects the structures of the *fundus and body* of the uterus, without implicating the tissues of the cervix. In this variety of the disease the cancerous structure is seated in the walls of the fundus and body, and not in the cavity of the uterus. Sometimes the tumor reaches rapidly the size of an uterus at the fourth or fifth month of pregnancy. In this form there is not usually any menorrhagia or any peculiar discharge from the vagina. In the following instance, while the patient was under my care, hemorrhage accompanied it, but the hemorrhage was from the urinary, and not from the genital canals.



CASE.—An unmarried lady, 40 years of age, suffered for some time from pains in the back and lower extremities, particularly after exertion. When at last an examination was instituted by her physician in Dublin in 1851, a large tumor was found in the uterine region. Early in 1854 the tumor increased much and rapidly in size, and when I saw her soon after, it already reached half way between the pubis and umbilicus. But still there was no appearance of general cachexia observable. After a few weeks the morbid structure again suddenly assumed a rapid growth; a dark, sanious, and bloody discharge was passed from the bladder; and the patient sank exhausted in the course of a few days.

On laying open the abdominal cavity, the omentum was found adherent to a morbid mass, reaching from the pelvis to a point higher than the umbilicus. This mass or tumor was covered by large tortuous vessels; had a soft general consistence; and near the summit it was broken down and pulpy, and had evidently all but burst into the cavity of the peritoneum. The whole fundus and anterior wall of the uterus was implicated in the structure; but the cervix and tissues immediately surrounding it were free from morbid deposit, except in the form of two or three minute nodules. The bladder, however, was perforated posteriorly, and a portion of dark fungus from the uterine tumor projected into its cavity. The tumor, which was carefully examined, had all the characteristics of the encephaloid or hæmatoid variety of cancer. The cavity of the uterus presented no appearance of the disease, while the structure of the anterior wall and fundus of the organ were lost and merged in the encephaloid mass itself.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

FEB. 12.—*Paralysis of the Third Right Nerve.* DR. BETHUNE. A gentleman between 35 and 40 years of age, applied for advice on the 8th ult. He stated that about a fortnight since, after being at the opera and using a glass during the evening, he was exposed to severe cold in crossing a ferry.

The next morning he found himself affected with double vision, but at that time observed no other aberration from the natural state of the eyes. In a day or two, however, he was entirely unable to raise the right upper lid, and the eye itself became everted and immoveable. In this state he still continued. His health, which is generally good, remains unaffected. On examination, the left eye appears well. The right eye is partially closed by the drooping upper lid. The ball is everted and incapable of movement. The pupil much dilated and fixed. The sight with either eye is hardly affected, but is somewhat weaker on use with the right. A pin-hole aperture, placed over the dilated pupil, somewhat improves the distinctness of vision in the affected eye.

The disease in this case is evidently *mainly* in the third nerve. Whether

any other nerve is involved may be a question. Mr. Walker, of Manchester, one of the most able and acute writers on the physiology of the eye, is of opinion that the circular fibres of the iris, which tend to close the pupil, are under the control of the fifth nerve. He says that it is indeed found, that in *some* cases of paralysis of the third nerve, the pupil is dilated, which at first sight would appear as if the circular fibres were under its influence. But he accounts for this by the circumstance that the iris is composed of antagonizing fibres, and that a condition of the healthy action of either must be that its opposing fibres must also act. As therefore in these cases, the pupil is found sometimes dilated and sometimes contracted, he thinks that it is simply passive, and that its size will depend on its *usual size* in the individual.—In this case, the pupil seemed to Dr. B. too large to make this explanation satisfactory.

FEB. 12.—*Twins: First Pregnancy. Delivery of both Children by Forceps.* DR. PUTNAM reported the case of a patient, æt. 32, whose labor commenced Feb. 1, at 3 o'clock, A. M. The liquor amnii was discharged at noon, on the 2d. The os uteri dilated very slowly, and there was heat and dryness until evening, when, under the influence of ether, the secretions were immediately increased and the heat abated. The head slowly advanced until the forenoon of the 3d, when it became fixed—its long diameter being nearly opposed to the short diameter of the outlet. Having waited three or four hours, Dr. P. delivered with the forceps. A few minutes after removal of the child, Dr. P. found it necessary to apply a ligature upon the placental portion of the funis from which blood was issuing freely.

After waiting an hour, the membranes being quite tense, they were ruptured, but the head not advancing, Dr. P. delivered the second child also with the forceps. Both children and mother did well.

The chief points of interest in the case, are

- 1st, The mal-presentation.
- 2dly, The free secretions and dilatation induced by ether.
- 3dly, The necessity of the forceps in both.
- 4th, The unusual size—one weighing 8 lbs., the other 7 $\frac{3}{4}$ .
- 5th, The bleeding from the funis, probably owing to vascular communication between the placenta.

Dr. P. was led to remark upon this fact, because some practitioners are in the habit of tying the placental as well as the fœtal extremity of the divided funis in all cases of single births. Dr. P. thought this practice not only unnecessary but objectionable, inasmuch as the removal of the placenta is very much facilitated by allowing the escape of its blood from the funis.

FEB. 12.—The following specimens were shown by DR. J. B. S. JACKSON.

1. *Ulceration of the Œsophagus.* The disease commences about half an inch from the stomach, and extends upwards about four inches, involving almost the entire circumference of the canal. It is well-defined, with little or no thickening or induration, penetrating quite through the muscular coat, and altogether foul, although nowhere cancerous, in appearance. The Œsophagus, above the disease, was neither dilated nor thickened; and the organs otherwise were sufficiently well, excepting a chronic tubercular affection of one lung.

The patient was a small, thin man, 68 years of age, and had complained of a sense of distress, with pain beneath the lower end of the sternum, for more than a year past. For the last year there has been at the same place a sense of obstruction, with an increase of the distress when he swallowed solid food; and for the last three months he could swallow only liquids.



During the last six months his food would stop, and after causing him for a time much uneasiness, would at last be rejected; less frequently it would pass down into the stomach. In the erect position he swallowed much more easily than when lying down or reclining. Foul matter was also often regurgitated during the last three or four months, apparently from the seat of the disease. For the last six months he vomited occasionally, and more as his disease progressed; sometimes after everything that he took, and sometimes not for three or four days; food was thrown up and occasionally bile, with much nausea. The appetite very small; and towards the last he lived upon milk and stimulants. Breath occasionally offensive. Bowels generally well, except when he took opiates. From the commencement of his disease he gave up his business, and for the last month was confined to his bed. Connected with the tubercular disease, there had been cough for the last twenty years; and since last winter it had much increased, and was attended with a thick expectoration.

Dr. J. remarked that if a probang had been passed, this case would probably have been regarded as one of stricture of the œsophagus. A recent specimen of this disease, in its simple form, he had never yet met with; he had seen several cases that were so diagnosticated during life, but on dissection they all proved to be cancerous disease, or ulceration having a very cancerous appearance; two of the cases were cancerous disease of the stomach. Dr. J. has never before met with disease of any kind at the lower extremity of the œsophagus, independently of disease of the stomach; nor has he ever seen in any part of the canal the form of ulceration that characterizes the present specimen. Again, if a probang had been passed, he thinks that it might have caught in the soft edges of the ulcer, and that inflammation of the surrounding cellular tissue might have resulted.

2. *Encephaloid Disease of the Uterus.*—The os tinæ and cervix were destroyed, with perhaps a portion of the body of the organ; and the whole upper part of the vagina was in a state of foul ulceration, there being a direct opening through into the bladder sufficiently large to admit the forefinger. Beneath the ulcerated surface there was in some parts a soft, white, encephaloid substance, but it was not generally found, and upon the cut surface of the body of the womb there was none of it distinctly seen. The uterus, otherwise, is healthy, excepting a small polypus that arises from near one of the fallopian tubes; ovaries not larger than in an octogenarian. The bladder was moderately contracted, generally dark-red upon the inner surface, and contained some pus. Posteriorly, a very thin and perfectly diseased structure was all that separated the ulcerated surface from the peritoneal cavity. This last appearance Dr. J. has often noticed in cases of cancer of the womb, and it would be naturally expected that perforation might occur; a few years ago he had heard some one remark that such cases do often so terminate, but he has never yet, himself, met with this result. It might, however, be very readily induced by the introduction of a speculum; an instrument which, however invaluable it is, is too often abused. The ureters were dilated, as they so often are in these cases; the indurated tissues pressing upon them at their entrance into the bladder, and retarding the flow of the urine, as the portal veins are pressed upon in the case of granulated liver. At its upper extremity, one of these canals is dilated to nearly half the size of the fist; the kidney itself being thin from dilatation, but not enlarged. The other organs were quite free from cancerous disease, as usual in these cases.

The patient was a widow, 55 years of age, who had been insane for three

years; being maniacal at first, but settling towards the last into imbecility. In connection with this state of mind, there were found the appearances that have usually been observed here; a firm and rather dark brain, and some opacity of the arachnoid over the convexity, with serous effusion beneath. The arch of the colon also dipped down into the pelvis; which, according to Prichard,\* is "one of the most remarkable changes yet observed in the abdomen in cases of insanity." This "singular displacement" was first pointed out by Esquirol. During the last three weeks there was epilepsy in a very severe form; the paroxysms being sometimes almost continuous. About six months ago she began to complain of pain about the pelvis, and for the last three months the nature of the case had been pretty certain; an examination two months ago, with the aid of the speculum, putting beyond doubt the existence of cancer of the womb. The pain continued, and was so severe as at one time to require six grs. of morphine daily for its relief. The discharge was abundant, and latterly, offensive; but there was never any hæmorrhage. This last symptom seems to be generally regarded as one of the most constant in cancer of the womb; but Dr. J. thinks that it is not unfrequently slight, or even entirely wanting. The absence of it in the encephaloid form of cancer is perhaps more remarkable than it would be in some other cases. The dysuria was considerable, but it was less than we should have expected where the bladder was so extensively involved; the urine was, of course, discharged through the vagina for some time before death. There was in fact more pain in defecation than in micturition; though the rectum itself was quite healthy. Whether the uterine disease had anything to do with the epilepsy, is a question that is more easily suggested than answered.

3. *Very extensive ulceration of the mucous membrane of the large intestine, the result of acute inflammation.*—The patient from whom this specimen was taken was also insane. He was a man 48 years of age; and his mind having been somewhat affected for several years past, he gave up his business and was removed from his family about seven weeks before his death. In connection with this part of his case, there were found the same appearances in the brain and membranes as in the last patient; besides a considerable serous effusion into the ventricles, and some ossific deposit in the dura mater. About ten days before death there came on a diarrhœa, under which, from the first, he was very much prostrated. There were not, however, more than two or three discharges daily, on an average, until the last day or two, when they became exceedingly frequent; they were small, liquid, of sufficiently natural color, with very little mucus, and only a trace of blood on one day. The discharges never had a dysenteric character, but there was considerable tenesmus and a moderate amount of pain. Opiates and stimulants were used, although never in large quantities.

On dissection, the mucous membrane was found to be entirely destroyed throughout the greater part of the large intestine. In the cœcum there was extensive and defined ulceration, but the mucous membrane, so far as it remained, looked sufficiently healthy; in the ascending colon the ulceration was more extensive, and the membrane was of a deep-red color; further on the ulceration was so far continuous that islands only of mucous membrane, as they have been called, remained, and these had generally the same deep-red color, and soft, shining, elevated, fungous appearance. On reaching the arch of the colon, these islands had disappeared, and beyond

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\* Prichard on Insanity, p. 230.



this there was continuous ulceration as far as where the intestine was cut off, low down in the pelvis. Where the ulceration was only partial in and towards the cæcum, it showed that it was recent, as compared with the disease beyond. The edges of the ulcers, or rather of the remaining patches of mucous membrane are said to be defined, and many of them were so to the last; but there were other patches, that as they became quite small, changed or melted away so gradually that it was impossible to say just where the ulceration commenced. The thickened sub-mucous cellular tissue, then, formed the inner surface of nearly the whole of the large intestine. No lymph adhered to this inner surface; there was no blood in the intestine, little or no mucus, and in fact nothing more than a little liquid of a healthy faecal color. The mucous membrane of the last foot of the ileum was inflamed, and there was some lymph upon it, but it was not ulcerated. Above this the intestine was healthy.

Dr. J. remarked that the appearances on dissection here, were such as are not unfrequently seen in cases of dysentery, although the discharges were not characteristic of this disease. He had described these appearances somewhat minutely, as he believed that the ulcerated surface was not unfrequently mistaken for a diseased mucous membrane; whereas the membrane seems to be quite destroyed. In the first case of the kind which he had seen, and it was many years ago, this mistake was made, and the few islands of mucous membrane that remained were regarded as fungous growths. So extensive a destruction of the membrane can hardly be realized; and yet there can be no doubt that it often takes place to a considerable extent in cases of dysentery that recover; an adventitious mucous membrane or surface being formed, and probably without any great degree of contraction of the cellular tissue.

4. *Tubercular Disease Inactive or Arrested.*—The lungs from the last patient were exhibited, in the apices of which were appearances that Dr. J. attributed to a former and probably somewhat extensive tubercular disease. Upon the surface were extensive and deep puckering, with a general irregularity of the surface and old adhesions; upon incision there was seen a considerable amount of dark-gray and apparently cellular tissue, interspersed with healthy tissue, a few small cavities, a few small, old, tubercular masses, and miliary granulations. About fifteen years ago the subject of this case went to the South on a military excursion, and was sick for about a year afterwards, with consumptive symptoms; also during the last summer he had a slight cough and expectoration, but it scarcely attracted any attention. Dr. J. supposes that a considerable portion of the tubercular deposit may have taken place within the last year, judging from its recent appearance; and, so far, the case is interesting from the comparative latency of the disease. The other appearances, however, above referred to, are more interesting, as they can hardly be explained except upon the supposition of there having been at some former time a very considerable tubercular deposit, which may have been partly absorbed without going on to softening, and may have in part resulted in one or more cavities; these last discharging themselves, and, as they cicatrized, puckering or drawing in the surface of the lung, as we see in so many analogous cases. It is a strongly-marked case of what we so frequently observe, in some degree, in persons dying of disease foreign to the lungs; and which tends to show that the tubercular deposit, though so generally progressive, is often arrested in its progress.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, APRIL 19, 1855.
 

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## AMERICAN MEDICAL ASSOCIATION.

THE committee of arrangements are actively engaged in making preparations for the eighth annual meeting of the Association, which will be held in Philadelphia, on Tuesday, May 1st, in the Musical Fund Hall, at 11 o'clock, A.M. The committee will be in session on Saturday, April 28th, at the College of Physicians and Surgeons, in Spruce st., and on Monday, April 30th, at the Musical Hall, to receive and verify credentials, and register the delegates. From the central position of Philadelphia, and the great attractions which that city offers to medical men, we presume that the meeting will be unusually large. The beneficial effects of the Association have already been widely manifested in the elevated character of the profession, the valuable papers which have been published in the volumes of its Transactions, the efforts making to improve the condition of medical education among us, and the harmony and good will manifested among physicians in distant sections of our country. Long may it flourish to spread these blessings among us, and far distant be the day when politics and sectional jealousy shall interfere to check the progress of science and degrade the medical profession in America! It is only by improving the condition of the healing art that we can hope to eradicate the numerous forms of empiricism so widely spread in our country, and obtain the confidence of the public in return for the labors and anxieties attendant on the practice of medicine. To this end we must look in no small degree to the devotion and disinterestedness of members of the Association.

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 HOMŒOPATHIC PROFESSORSHIP IN THE UNIVERSITY OF MICHIGAN.

UNDER the head of "Innovation," a correspondent, in a late number of this Journal, called our attention to the fact of the establishment by the Legislature of Michigan of a chair of Homœopathy in the University of that State, adding some sensible and judicious remarks relative to the effect of this proceeding on the medical profession, and on the public. We felt sure that the people of Michigan would never assent to so gross an insult on our profession, and so serious an evil to themselves. It was with pleasure, therefore, that we read the following communication which lately appeared in a New York daily, and which, from the signature, we presume to have been written by the author of the article on "tuberculosis," which appeared in the second number of the present volume of this Journal.

*To the Editor of the New York Daily Times.*

In your paper of the 3d inst., you state that at the recent session of the Legislature of Michigan an act was passed, establishing a chair of homœopathy in the State University. Though by no means disposed to find fault with the spirit manifested, your article gives a wrong impression as to the matter of fact. It is true that an act was passed in an inconsiderate manner providing in terms for such a chair in the institution, but it is also true that the Constitution of the State having provided for the control of the University by a Board of Regents elected by the people (one in each judicial district, and holding their offices for six years), the Legislature have only an advisory power in the case, and that the Regents being men of sense and independence, having studied the interest of the subject of their charge, and feeling a desire for its honor and success, see no reason for complying with the recommendation.



They have, however, appointed a Committee of their body to examine the subject of the feasibility of connecting homœopathy with rational medicine in the same school, which will involve an investigation of the doctrines and practices of the system—its history, tendencies, &c.; and it is expected that a report will be made to the next Legislature, which will, doubtless, throw much light upon the subject, and, it is hoped, will settle it in the minds of all unprejudiced men.

The public may rest assured that no such appointment will be made until the Regents are convinced of its propriety, and those who know these gentlemen will well understand what sort of evidence they will require. And those who understand homœopathy and its present condition both in this country and Europe, may be able to judge of the prospects of such an appointment as the one referred to.

By presenting in your widely-circulated paper the true state of the case, you will much oblige many in  
MICHIGAN.

*Medical Miscellany.*—Tartar emetic, given secretly, in doses of from five to ten grains, is recommended by Dr. Gilbert, in the London Lancet, as a remedy for drunkenness.—Apiol, the immediate or active principle of parsley, is suggested as a substitute for quinine.—A new Hospital for Diseases of the Chest is open at Victoria Park, London.—A book is about to be published in Philadelphia, comprising a History of the American Medical Association, with portraits of its Presidents.—There are now 298 inmates in the Deer Island (Boston) Hospital.—Prof. Agassiz, of Harvard University, Cambridge, has been offered a professorship in the University of Edinburgh, in the place of Prof. Forbes, deceased.—There were admitted to the Charity Hospital, New Orleans, during the month of March, 766 patients. Discharged, 653; died, 106.—At the stated meeting of the New York Academy of Medicine, March 7th, Drs. J. Guggenbuhl, of Abendberg, Interlachen, Switzerland; F. Rilliet, of Geneva, Switzerland; E. Barthez, of Paris; and Jacob Bigelow, of Boston, were elected corresponding fellows of the Academy.—Dr. Clark recently presented to the New York Pathological Society, statistics showing that the mortality of children under five years of age is nearly twice as great in that city, in proportion to the population, as it was fifty years ago.

#### NOTICES.

*Communications received.*—On Dental Hemorrhage.—On Sedatives for the Sexual Organs.—A New Method of treating Fractured Clavicle.—On Smallpox, Contagion, &c. (We must receive the name of the author of this paper, before we can publish it.)

*Books and Pamphlets.*—Ashwell on the Diseases of Females: Philadelphia: Blanchard & Lea: 1855. From the Publishers.—On the Cause, Nature, Cure and Prevention of Epidemic Cholera, by M. L. Knapp, M.D.

MARRIED,—Edward S. Hoffman, M.D., of New York, to Gertrude E. Bronson, of Florida.

DIED.—At North Stonington, Conn., Thomas P. Wattles, M.D., an aged and highly respectable physician.—At Hartford, March 14th, Dr. George Leo Wolf, aged 40, late of New York.—At Ward's Island, N. Y., of typhus fever, Dr. Rudd, one of the resident physicians.—At Philadelphia, March 11th, Dr. John S. Lester, aged 56.—At La Fayette, Ia., recently, Dr. E. Deming, aged 58, late Professor of Pathology, Anatomy and Clinical Medicine, in the University of Missouri.—At Paris, France, March 4th, of acute peritonitis, Richard S. Kissam, aged 20, son of Dr. R. S. Kissam, of New York, a youth of high promise.

*Deaths in Boston* for the week ending Saturday noon, April 14th, 30. Males, 38—females, 42. Accident, 1—inflammation of the brain, 2—congestion of the brain, 2—consumption, 21—cholera infantum, 1—croup, 3—cancer, 2—dropsy, 2—dropsy in the head, 2—puerperal, 1—typhoid fever, 1—scarlet fever, 5—disease of the heart, 2—homicide, 1—intemperance, 1—inflammation of the lungs, 4—congestion of the lungs, 1—neuralgia, 1—old age, 3—pleurisy, 2—palsy, 2—rheumatism, 1—smallpox, 5—suicide, 1—inflammation of the stomach, 1—teething, 3—unknown, 7—worms, 2.

Under 5 years, 30—between 5 and 20 years, 7—between 20 and 40 years, 24—between 40 and 60 years, 10—above 60 years, 9. Born in the United States, 53—Ireland, 22—England, 2—Germany, 2—British Provinces, 1.

*Keloid Disease.*—Two cases of this peculiar disease—so well described by Dr. Slade in the last number of the *Journal*—are reported in the *London Lancet* as existing in Guy's Hospital, the beginning of March. One of the cases had been under treatment 18 weeks, but no impression had been made on the malady. The patient was a male, aged 36, the diseased part on the left arm and fore-arm appearing like the cicatrix of a large burn, and of a leather-like hardness—or as if a bad erysipelas had been turned into cartilage or bone. Warm baths, liquor potassæ internally, decoction of sarsaparilla, hydrochloric acid, and chloride of potash, had all been tried in the treatment. The resolution or softening down of the hard cellular membrane and skin, is the only hope of relief.

*University of Pennsylvania.*—The commencement of the Medical department of the Pennsylvania University took place recently at the Musical Fund Hall, Philadelphia. The room was crowded by a fashionable audience, the great majority being, as usual, ladies. The exercises were opened by prayer, after which the degree of Doctor of Medicine was conferred upon 178 graduates by Professor Vethake, Provost of the Institution.

The valedictory address to the graduating class was delivered by Robert E. Rogers, M.D., Professor of Chemistry. It was an able effort.

A band of music was in attendance, and enlivened the proceedings by the performance of a number of popular airs.

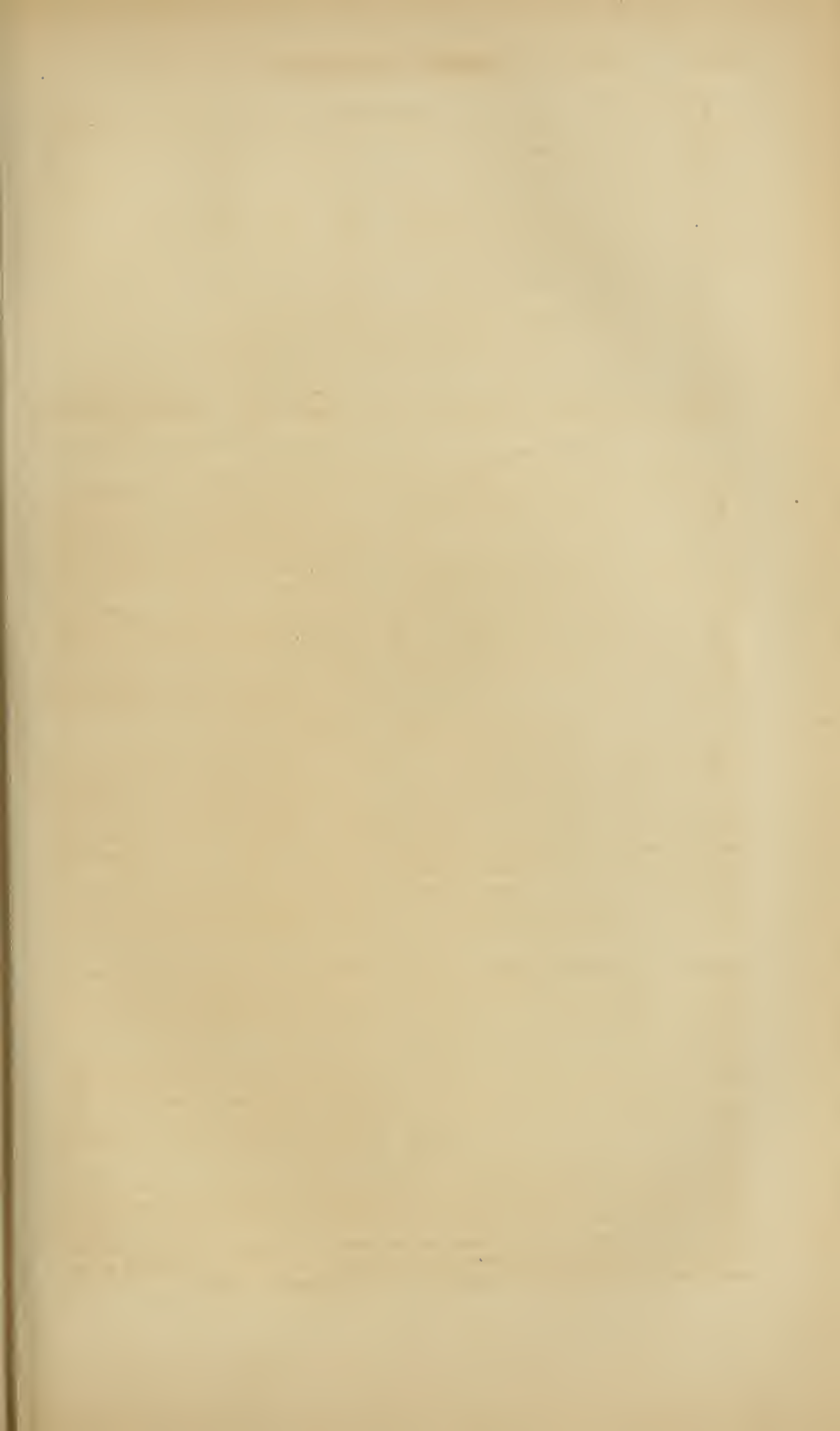
*Temperature of the Winter in England in 1855.*—The late frost has been the most continued and severe which has occurred in England since the year 1814. The state of the thermometer during the winter of that year, from a register kept by a medical gentleman at Richmond, shows that there were only two days' difference in the duration of these two remarkable frosts. In consequence of the late severe weather setting in nearly three weeks later than in 1814, its mean temperature has been more than 2 deg. higher. From the 4th to the 18th of January, 1814, the cold must have been dreadfully severe, as the temperature never rose so high as the freezing-point, day or night. It does not appear, however, there were such intense frosts as occurred on the mornings of February 11 and 19, 1855, when the lowest readings of the thermometer were 9 deg. and 12 deg. respectively, but 7 deg. and 8 deg. at the Royal Observatory, Greenwich.—*Med. Times and Gaz.* March 3, 1855.

*Treatment of Irritable Stomach in Phthisis.*—Several very pleasing cases, illustrative of the good effects of hydrocyanic acid and bismuth in the treatment of irritable stomach in phthisis, have recently been under observation among the out-patients at the City of London Hospital for Diseases of the Chest. The patients had been long subject to nausea and attacks of vomiting, and were quite unable to retain cod-liver oil on the stomach, very often rejecting also ordinary food. The mixture prescribed consisted of 3 minims of the hydrocyanic acid and 10 grains of the trisnitate bismuth made into a draught with mucilage and green-mint-water, and taken thrice daily. By its aid several patients have got quite rid of their troublesome stomach symptoms, and are now taking the oil easily and with benefit. The class of cases best suited for this treatment are those in which the tongue is generally clean, and in which the disease is undue irritability rather than disordered function.—*Med. Times and Gaz.*

*Water Cushions.*—A good, but expensive, sort of bed (one of Hooper's) is being tried at St. Bartholomew's by Mr. Stanley. It contains half air and half water, and seems to answer very well. The common air bed or cushion is found to be too hard; the common water bed or cushion, too soft and "boggy." In the water bed it is often found that the patient sinks down too much, as if in soft clay; to remedy this, Mr. Hooper is adopting the present bed.—*Lon. Lancet.*

*Scutari Hospital.*—The steam transports, "Imperial," and "New Pelton," have just left the London Docks fully laden with hospital stores, medicines and medical comforts for the East. The supplies by the former vessel are intended for Scutari, and contain the handsome present of 384 dozens of the best port wine from the merchants of Oporto, for the use of the hospital. The stores in the latter vessel are intended for the hospital about to be opened at Smyrna.—*Ibid.*







A Sonnet on stone

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## POLYPUS OF THE IRIS.

BY JOHN H. DIX, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE accompanying engraving of a vascular, fleshy-looking, fibro-plastic growth from the iris, I presume to be the only one ever presented to the profession. It is not to be found among the plates of Travers, Demours, Von Ammon or Quadri.\*

In the treatises of some writers—Lawrence, Middlemore, Juennen and Desmarres—morbid growths from the iris, other than syphilitic, are alluded to, but are in no instance so described as to be identified with this, and in some are spoken of as having been seen not by the writer himself, but by others. It is the only instance of this disease within my own observation, or that of several gentlemen of this city who have seen it in consultation or otherwise.

In looking at the plate, the observer must of course imagine in front of the iris and tumor, a transparent cornea and a portion of an anterior chamber. The view here given was taken April 14th, 1852, and I present it rather than one representing the disease at the time it was operated on, May 8th, 1854, when the morbid growth occupied nearly all of the anterior chamber and concealed at least four fifths of the iris, because, should similar cases hereafter be met with, it would be the duty of the surgeon to insist upon an operation at the first recognition of the disease. At a very early period, I believe, for reasons hereafter to be stated, that the growth might be arrested with comparatively slight risk to vision.

I first saw the case April 13th, 1852, and made the following memorandum of it.

April 13th, 1852.—Miss Mary A. D., of Newburyport, æt. 21, three years ago observed, just at the junction of the iris with the sclerotic and cornea, a dark speck of the size of the head of a pin upon the iris of the left eye, on the upper and outer side. The dark spot slowly increased, and six months ago it began to present a red vascular surface. It is now of sufficient thickness to approach very

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\* Those of Sichel are not completed.

nearly if not all of its anterior surface, quite to the cornea, and to press the iris slightly backward. Under the influence of stramonium the iris retracts somewhat beneath the tumor, showing that it is not adherent to all that portion of the tumor which lies in contact with it. A dark speck in the sclerotic, near the apparent base of the tumor, suggests a possibility that the texture of the sclerotic and the choroid coat or corpus ciliare is undergoing some change. For some months past vision has been slightly impaired, the tumor encroaching somewhat upon the pupil.

No pain or unusual sensation is experienced, except that applying this eye (the vision of the right has been imperfect for many years, and the globe inverted) in reading for a few minutes, brings on an indescribable sensation, not amounting to pain, but obliging her to desist, and this intolerance of use has increased with the growth of the tumor.

Although posteriorly to the iris no trace of it is visible, it is highly probable that a portion of the posterior chamber of the aqueous humor is similarly occupied, leaving scarcely a hope of an extirpation of the whole growth, surgically, with impunity to vision. It is therefore concluded, in consultation with Dr. Jeffries, who did me the favor to examine the case, to establish behind the left ear some permanent derivative, and to give every second night — Pil. hydrarg., gr. ij.,\* and that no close application of the eyes shall be made.

October 14.—The tumor has increased, and now encroaches considerably on the pupil. The pil. hydrarg. was continued for two months without any constitutional influence. She has sewed and read at pleasure. Four leeches to left temple, and no close application of the eyes.

I now advise the extirpation of the tumor surgically, upon the ground that it is not likely to be checked by any other means, and that the small chance of removing it without complete destruction of the globe, lessens as the growth enlarges. She declined the operation.

May 8th, 1854, a little more than two years since I first saw her. The tumor is very much enlarged. Its base extends along at least one third of the circumference of the iris at its junction with the cornea, and it occupies probably a space very nearly equal to the whole original contents of the anterior chamber, inasmuch as it presses the iris far back into the posterior chamber, while it projects towards the opposite side of the chamber within about half the normal width of the iris. The iris, however, is paralyzed, probably from the presence of the tumor, and by the excessive dilatation of the pupil a crescented margin of pupil is left unobstructed by the tumor, and through it she still has tolerable vision.

Eighteen months ago, in view of the growth of the tumor for

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\* For a year past she has been dyspeptic, and at times constipated. Health otherwise good. One of her parents and a brother and sister died of phthisis.



the previous five months, I advised an operation as a possible means of arresting the disease, and saving her sight, either directly or by means of a secondary operation, upon the ground that with the inevitable increase of the tumor the chances of a favorable result from an operation must very rapidly diminish.

She then declined it, but now, with the understanding of the very faint hope which remains after a growth of the tumor of at least four fold, desires that it may be operated on. Drs. Hooker, Sen. and Jr., of East Cambridge, and Mr. White, a student in medicine, being present, Miss D. was fully etherized. With a cornea knife I made an incision, as in the superior operation for the extraction of cataract, a section of the cornea, concentric with and to the full extent of the base of the tumor, the knife traversing the tumor in its largest dimension. The anterior chamber was immediately filled with blood and a material of a gelatinous consistency. Of this as much as possible was evacuated, and portions of the sac excised. Dr. Shaw gives me the following account of it microscopically.

Boston, May 10, 1854.

DR. DIX. Dear Sir,—The little tumor of the eye which you handed me appears to have been a *fibro-plastic growth* of the same structure as many nasal and aural polypi. It was composed almost wholly of fibro-plastic cells and nuclei, principally of the elongated or fusiform cells. A few blood globules, but no vessels, were seen; vessels, however, if any existed, might have been destroyed before my examination.

I think I have often seen polypi growing from mucous membranes of a structure and appearance similar to this, but it seems to me that its situation in the anterior chamber is very peculiar.

Yours truly, BENJ. S. SHAW.

December, 1854.—On the third day after the removal of the tumor, suppurative inflammation came on, precluding all hope of a recovery of vision hereafter. The vision of her right eye, formerly strabismic and neglected, has improved very much, its position is rectified, and wearing an artificial one over the left, no deformity is observable.

\* \* \* \* \*

The practical surgical value of this case depends upon the following considerations.

That the tumor was not malignant is shown by its structure and by its non-recurrence. Although its ultimate structure resembles that of some polyposous growths, it was not, as its appearance indicated, of a firm fleshy texture, like true nasal or aural polypus, but a soft, gelatinous mass inclosed in a thin membrane. An encysted tumor elsewhere can often be disposed of by an evacuation of its contents once, twice or more times, with or without stimulating to inflammatory action the inner surface of the cyst.

At a very early period the soft contents of this might have been

evacuated into the anterior chamber with no greater risk of inflammation, than that which attends the presence in the anterior chamber of a few fragments of lens after an operation upon a soft cataract by laceration, and there is nothing to prevent the repetition of an operation in one more than in the other case, and certainly a similar prospect in both of the removal of the foreign material by the agency of the aqueous humor.

I would therefore suggest to any one who hereafter meets with this disease, to open freely through the cornea at the earliest possible period, the very thin membranous sac by means of a common cataract needle, or (which would, perhaps, facilitate a free incision of the sac with no greater loss of aqueous humor) with Langenbeck's needle.\*

If, from the first operation, no inflammation of the iris or globe follows, and the membranous cyst re-unites with a re-production of its contents; at the second operation, in making the incision into the tumor, the instrument might be rubbed against the inner surface of the cyst to such a degree as to produce adhesive inflammation within it, and still not compromise the integrity of the eye.

*Boston, April, 1855.*

#### A NEW METHOD OF TREATING FRACTURED CLAVICLE.

BY SAMUEL CABOT, JR., M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

It is always difficult to get a good or tolerably smooth union of the clavicle, when completely broken across anywhere except at its acromial end; and as from its position, its appearance is of more importance, particularly to women, than that of most of the other bones of the body, I have thought that any practical hints which might lead to the prevention of the deformity resulting from an uneven union of this bone, would be acceptable to the profession. The muscles which act upon the broken clavicle, are the sterno-cleido mastoideus, which tends to pull the inner fragment upward, and which is antagonized by part of the pectoralis major. The trapezius, which tends to pull the outer fragment backward, and which is antagonized by part of the deltoid. And, lastly, the subclavius, which acts to pull the fragments over each other, shortening the bone.

The great difficulties in the treatment of this fracture, are to put and keep the bone extended so as not to allow the fragments to overlap and thus form an unsightly bunch; to keep them still and in apposition, so that the union may take place with the least possible callus; and, lastly, to accomplish these indications, so far as possible, without severe and long-continued suffering and subsequent partial paralysis of the limb. I shall not discuss the well-

\* Sharply curved and cutting on the convex edge for a line and a half from the point.



known methods now in use, as all are familiar with their various advantages and disadvantages; my object being merely to lay before the profession a method which I have been in the habit of using for the past four or five years in all cases where fracture has taken place in any part except the acromial end, and which, I think, has decided advantages over any of the ordinary methods of which I have any experience. The subjoined cases were drawn up some years since for the Society of Medical Observation, and as they explain my method and show its operation, I will give them here, adding, however, that I find it well to place soap plaster, spread on soft leather, in the axilla to prevent chafing. Since these notes were taken, I have had other cases, but of which I have not preserved any notes; I would say, however, that so far as I recollect, they have been as favorable as those given. In one of them, the patient, a young man of 25 or 30, had had the same bone broken some years before, and treated with Velpeau's and Fox's apparatus. He found it much less painful treated by my method than it had been by the others; indeed, it was not at any time necessary to remove the apparatus on account of pain. He did not get a very smooth bone, however, partly owing to the previous fracture, and partly to an attack of delirium which prevented the apparatus from having a fair chance. I usually put on a Fox's apparatus beside the splint, but without a pad so thick as to make uncomfortable pressure on the axillary nerves.

M. L., æt. 9, was run over by a loaded wagon, June 30th, 1852; one of the by-standers saying, and his assertion was confirmed by others, that her head lay between the track of the wagon wheel and the curb-stone, and that the width of his shoe more than covered the space. It is also probable that she was crushed against the curb-stone, and that the wheel did not wholly pass over any part of her, as it seems hardly possible that she could have escaped with her life if it had. I saw her a few minutes after the accident. I found her lower jaw broken on both sides at about the first bicuspid on each side, her face bruised, and both clavicles broken, the left at about the middle, obliquely, the right transversely, or nearly so, near its scapular extremity. The fragments on the left side were shot over each other to a considerable extent; on the right they were but little displaced. I first brought the jaw into shape, and after moulding a piece of gutta percha upon it, applied the usual bandage outside of it, with a piece of cork fitted between the teeth over the fractured points on both sides. I then cut a piece of gutta percha long enough to extend from the middle of the sternum to the head of the humerus, and about two inches wide. The shoulders being held back with sufficient force to bring the fractured ends of left clavicle in apposition, I moulded the gutta percha (softened in hot water) to the surface, pressing it in round the clavicle, and retaining it so until it had become hard; I then put a piece of soft linen, folded twice, between the splint thus formed, and the skin, and with a long roller made a figure-of-eight

bandage, crossing on the back and passing round both shoulders—the fractured point on the right being protected by a compress, and that on the left by the gutta percha splint, then passing a few turns round in front, I formed a kind of pocket to retain the end of the splint, which rested on the sternum, by stitching in the bandage around it. Then placing a pad in the left axilla, I secured the arm in a sling much in the manner of Fox's apparatus. The child's mother being obliged to go out to work for a living, and to leave the child locked up with a younger brother in a room by themselves, with no one to look after them, very soon she was up and running about the room, and as a consequence the apparatus required frequent adjustment. But notwithstanding these unfavorable circumstances, the bones soon united, and on the 19th of July, twenty days from the accident, I was able to remove all apparatus. The left clavicle had united with very little callus, less indeed than that on the right side, where the bones were never displaced, to any extent, and was of about the same length. There was some unevenness of the teeth on one side.

Matthew F., æt. 13, November 12th, 1853, was run over by an omnibus, and brought, 15 minutes after, to the Hospital. Had the following injuries:—An oblique fracture of the left clavicle at about its middle, a point sticking up nearly at right angles to the direction of the bone, which point had pierced through the skin at about one and a half inch below the natural position of the clavicle; a fracture of inferior maxilla on right side, between the cuspid and bicuspid teeth. A silk ligature was passed round the two teeth, and a head bandage applied. Then a piece of gutta percha, reaching from the head of the humerus a little beyond the middle of the sternum, and about three inches wide, was moulded on over the fractured clavicle; after it had been drawn into place, by an assistant standing behind and forcibly pulling back the shoulders, one end resting against the projection of the head of the humerus and the other moulded to the chest, the portion corresponding to the mastoid muscle and neck being formed into an arch, in order not to interfere with the neck after it had become hard; a piece of cotton cloth folded and wet with cold water was placed between it and the skin; a figure-of-eight bandage was applied, as described in the previous case, and Fox's apparatus.

November 18th.—Apparatus removed. Fractured extremities of clavicle appear to be in good position. Bowels regular.

20th.—The silk ligature having slipped from the teeth, a fine piece of platina wire was passed round the two teeth on each side of the fractured part, by which the fractured extremities of maxilla are kept in position. May have broth.

28th.—Gutta percha splint and Fox's apparatus taken off. There is a firm union of bones, and no difference can be found in length of the clavicles.

December 2d.—Discharged well.



Mary Boston, daughter of an Indian father by a white woman, æt. 12, fell from a swing, November 16th, 1853. I saw her soon after, and found fracture of clavicle, rather to sternal side, of middle of the bone. The ends of the bone were not separated or overshot; in fact, I doubt whether the fibres of bone were all entirely broken off. The fracture was treated with gutta percha splint, &c., like those already described. The girl was very unruly and constantly displaced the apparatus. She got, however a good union, and left off apparatus in a fortnight from time of accident, having more deformity, however, than in either of the other cases. The length of bone not diminished. This case is not a fair one for testing the merits of the method, as there was no overshooting of the bones. I merely mention it, as more deformity resulted than in either of the other cases, though, treated by the old method, it would be considered much the easiest to treat, and would be expected to give much the best results.

April, 1855.

#### THE CONTAGIOUSNESS OF CHOLERA\*—A REVIEW.

[Communicated for the Boston Medical and Surgical Journal.]

THIS volume has been for several weeks upon our table, but our engagements have not hitherto allowed us to give it the attention the importance of its subject demands. The author's motto is an excellent one, and no better guide could be followed by writers upon any topic; but the axiom "that the promulgation of every truth is, in its general effect, beneficial, that of every error mischievous," is singularly applicable to medical communications—and never more so than when a grave question is to be determined, for whose solution the public look with justifiable anxiety to the medical profession. The contagiousness or otherwise of malignant cholera is a matter of the deepest interest to every community, and the efforts so perseveringly made to settle the question, definitely, are worthy of all praise.

Dr. Byrne founds his conclusions upon twenty-one facts which he decides to be of so "positive, undisputed and unequivocal character," that those who could not be convinced by them of the contagious nature of the disease, "would fail to be convinced by twenty-one thousand similar facts."—(*Preface*, p. xv.) We have read these facts carefully, and are very willing to allow that nearly all of them are quite decided evidence of the communicability of the disease under certain conditions; but even a much larger number of isolated instances, thus grouped, will not, by themselves alone, demonstrate that cholera is propagated solely by contagion, the point which it is Dr. Byrne's avowed purpose to "prove."

\* An Essay to prove the Contagious Character of Malignant Cholera; with brief instructions for its prevention and cure. By Bernard M. Byrne, M.D., U.S.A. Second edition, with additional notes by the author. Pp. 160. Philadelphia. Childs & Peterson. 1855.

We shall refer to this part of the subject hereafter, in connection with certain late researches. While the question, then, is not to be decided by any number of facts, more or less positive in themselves, and disconnected with those of a negative description, we consider it highly important that every such fact should be fully authenticated, and always, when possible, by medical testimony. Without intending to impugn the correctness of any of the facts adduced by our author, it would have been far preferable had each of the limited number rested wholly upon the evidence of a competent physician. Doubtless the testimony derived from the letters of commercial houses is generally reliable, but that from daily journals is notoriously unsafe as a basis upon which to found medical conclusions. For instance, it is very likely that the report of the *Detroit Journal*, 11th July, 1832, "that the first case (and from which it is alleged that all subsequently observed in Detroit, that season, sprang) occurred on the 5th inst. among the troops on board the *Henry Clay*" is correct; but we have nothing to vouch for the accuracy of the statement, except the newspaper account, which may or may not be reliable. The chances are that it is, but in investigations of this nature we cannot trust to chances. The best examples adduced by European writers are uniformly attested by high medical authority, and are therefore wholly worthy of confidence. Among Dr. Byrne's facts brought to prove this vital point, are several for which no other authority appears than the *dictum* of the journal whence they are taken; the "6th and 7th facts" are particularly obnoxious to this criticism. Neither do the "hasty sketches" of letter writers (*Fact* 20th, p. 92) especially the non-professional, afford the material for cholera statistics. *Fact* 17th (p. 84), communicated by Dr. H. G. Doyle, is, in our opinion, a little loose in its inferences. A woman "died on the 4th of August, 1833, of cholera." This is undoubtedly true, as the patient was *in hospital* when she died. "On Monday morning, the 5th, an aged colored woman was found dead in her house in the immediate neighborhood of the hospital, having died, from the account of her husband, in about two hours after her attack, of cholera." Should we implicitly rely upon the "husband's" account in the case of this "aged" woman? It does not appear that she had been in contact with the *single* patient who died at very nearly the same period with herself, and if contagion be predicated under these circumstances, although the hospital was close at hand, we take exception to the conclusion. The death of another colored woman, in the same house with the latter, is more like communication of disease, and certain other cases, following, favor the opinion, although one person who sickened and died had "been absent from the locality from Sunday night until Tuesday morning," on which latter he was attacked. Exposure in the interim is possible, though perhaps unlikely.

In 1849 we took no little pains to investigate the question of the communicability of cholera by contact, inoculation, evacuations



from the sick, or by fomites. The most diligent search of the best authorities did not admit of a conclusion that the disease was propagated by these means, *as a rule*. That there were quite numerous exceptions was undeniable, but the terms "contingent communication" (*Dr. Lee, Copland's Med. Dict.*) and "*contagion accidentelle*" (*M. Tardieu*) seemed at that time appropriately to designate the class of cases referable in any wise to contagion; and it appeared a legitimate conclusion that cholera must spread by other means, of apparently far greater power and wider influence.

That a choleraic atmosphere may be created around a multitude of immigrants, just landed, among whom the poison of the disease has been acting, is a very reasonable supposition; and if those who come in contact with them under these conditions, be predisposed, or if the epidemic influence prevail in the place where the immigrants land, then the disease is likely to progress. This is not contagion strictly and properly speaking; Dr. Watson fitly applied the term "portable" to similar transmission of cholera.

Professor J. K. Mitchell, in his work upon "The Cryptogamous Origin of Malarious and Epidemic Fevers," remarks in relation to cholera, "Contagion might explain its progress where there are always materials to form a line of march, but contagion cannot account for its solitary advance over untravelled wastes or untenanted seas. Contagion cannot explain its presence in the atmosphere of the mid-ocean, nor its manner of assailing a city at once, at its most extreme points." We quote these decided expressions as having in themselves great weight, and also because we observe that Dr. Byrne prints a note from Prof. Mitchell to the publishers of his Essay, in which it is stated that "medical men everywhere begin to lean towards the doctrine of contagiousness." If Prof. M. mean an *un-mixed* contagion theory, we believe him to be mistaken, and shall hereafter produce our evidence.

The various directions taken by cholera on land, mentioned by our author and by other writers as confirmatory of contagion, recognize the influence of other causes, both atmospheric and telluric. Were contagion the sole governing influence in propagating the disease, as is so stoutly maintained in the volume before us, we could hardly have hoped for such comparative immunity, even in this granitic region and generally clean and well-drained city, as we have experienced during each epidemic that has visited us. Dr. H. G. Clark, our efficient City Physician, replies to a request from us for his experience as to the contagious nature of cholera, that he is "no believer in its contagion, but is quite sure of the danger of exposure to the noxious influences of a *locality* where it is originated, especially if that exposure be in close, unventilated apartments, or in the night time." Dr. C. adds that he has "no doubt the apparent instances of contagion are mere coincidences, or the effect of *local* exposure, mistaken for it." A reference to the able Report on Cholera in this city, in 1849, will show the grounds for these opinions.

It is stated, in favor of contagion, and by very eminent authority, that cholera has never been observed to transcend the "limit of human speed," in its course, and this is one of Dr. Byrne's arguments. It seems to us a difficult matter, in many instances, positively to affirm this as a rule. If cholera-poison be transmitted over oceans and untravelled deserts, the atmosphere being granted to be the vehicle of communication, is it not certain that it must *then* travel more swiftly than man? The wind flies faster than the ship can be propelled. How can contagion be the medium of transmission over an ocean affording no human material, as when the miasm or poison has passed the sea without touching voyagers, or, if touching them, has arrived before them at the shores towards which both tended?

It is admitted that a certain number of attendants upon the sick are attacked, as in hospitals, &c. ; but is the proportion such as to justify the conclusion that contagion alone is the agent of production? We think not. Moreover, it is not decisive proof of contagion that, in crowded hospitals and jails, cholera is more deadly and rapid in its onset and ravages than in more salubrious localities; patients with any disease, thus circumstanced, would die in the same manner, the ratio being proportioned to the virulence of the disorder. Notwithstanding Dr. Byrne adheres so strongly to contagion, he admits a great deal when he says that unless there be an "exciting cause" which can be traced, even when exposure to those who are ill with cholera has taken place, the disease is not likely to occur. This makes contagion decidedly a subordinate element, therefore, in the causation of the disorder, and we do not see but we are left very nearly in *statu quo* as to what is to be avoided, and the cautions to be observed both by individuals and communities. Admitting, as we have done, that cholera may be sometimes communicated, we look upon such transmission as only one of the means of its propagation, and believe that if people live as they ought and are in their usual health, they may with impunity, in the vast majority of instances, come in contact with cholera patients, and under circumstances exceedingly likely to cause their illness, were the disease properly contagious, as are variola and typhus fever. On the other hand, persons predisposed to the complaint, debilitated, or in fear of being attacked, would, under exposure, very probably be seized. Again, there are countless instances, every year of a cholera epidemic, of great exposure, by close attendance of physicians and others upon the sick, frequently under excessive fatigue, and with entire escape. This cannot be said for smallpox (in the case of the unprotected), typhus or yellow fever, or scarlatina.

In the present state of this important question, it is hardly admissible for any one to insist too strongly upon one theory to the total and unqualified exclusion of every other, and it is no disgrace to the learned searchers after truth, if they have been foiled in establishing an explanation that reconciles facts, which, though



they may now appear contradictory, may yet be proved to be alike true. Our chief disagreement with Dr. Byrne is that contagion becomes his hobby, and he is satisfied to look no further. His style is unexceptionable, his zeal most admirable, and his arguments show his acumen and honesty ; but we cannot allow that everything but what supports his doctrine is wholly worthless, or that those who think somewhat differently from him are not only negligent but stupid (vide p. 127). Moreover, for a book re-published in 1855, we think the author might, in his additions, have embodied certain new researches and facts, some of which support his own side of the argument.

We can refer to only one or two more points ; and we do this particularly because we think that a partial view of the subject is taken, to the exclusion of much that is established by the latest and most reliable observers. On page 134, it is asserted " that the poison which produces this disease has its source in the human body *only*." We shall presently adduce the opinions of writers in the *Medico-Chirurgical Review* (January, 1854) in reference to this and certain other points. On page 135 (Byrne), it is said " the fact that cholera is a contagious disease will admonish every community, as well as every individual, of the propriety of avoiding all unnecessary exposure to its poison." In the first place we agree that people should consider themselves admonished ; it is surely very foolish to expose oneself "*unnecessarily*" to any disease, if there be even a doubt as to its contagious nature ; but let not alarm be thus excited which will prevent necessary attendance. We know this is unlikely, for friends are generally found for the sick at all hazards, but the tendency of the doctrine of exclusive contagion is in the direction of such prevention. Next, if the " poison " arise in the body "*only*," how *can* it be avoided. Certain bodies, at certain times, will generate it, according to our author's reasoning, and if other bodies are near them, the disease will spread by contagion ; arriving at this conclusion we really do not see that we are any safer than heretofore. Entire segregation of the affected can never be attained. What is the history of quarantines ? Certainly, with very few exceptions, failure and worse evils than even their non-existence would entail. Dr. Byrne advocates them very decidedly, but on his own grounds, we ask *cui bono*, if the " body " be the "*only*" source of the cholera poison ? In certain places and persons the disease will arise, such being its *rationale*, and even supposing it possible to confine it, in any one instance, to quarantine ground, this will not annihilate it. Contagion being admitted as the great agent, an unlimited term must be granted for quarantine, lest fomites, or communication, even after apparent cessation of all sickness, should sow anew its seeds. The evils and uncertainties of quarantines are acknowledged as more than sufficient to condemn them. This is distinctly stated by a distinguished reviewer, himself an advocate of contagion. (Vide *Med. Chir. Review*, Jan. 7, 1854, p. 46, Eng. ed.)

The statement "that the poison of cholera is emitted more copiously from bodies after death" (Byrne, p. 141), struck us as novel and hardly admissible. We find, in another article, by Dr. W. P. Alison, in the Review above quoted, and in the same number, the following statement, which the writer does not advance with absolute confidence, but which he denominates "a curious fact (although one which is known only by negative observations)"—that the cholera poison "does not attach itself to the *dead body*, at least to the body in a certain state of decomposition; for it is certain that the dissecting-rooms in Edinburgh were supplied during the greater part of 1848-9, as they were in the year 1832, almost exclusively by cholera subjects, and in neither year was there a single case of the disease among the numerous students attending these rooms." (Review, *supra cit.* p. 22.)

Although this paper is already longer than we intended, we are induced, in conclusion, to bring forward certain late opinions, very many of them wholly favorable to the doctrine of contagion, but in expressing which the talented writers give so lucid and impartial an account of the present state of knowledge upon the subject, that no truer and more valuable information could be placed before the community.

Dr. W. P. Alison, in his paper already referred to, arrives at the following general conclusions:—

*First*, that the poison exciting the disease "may both be propagated by contagion, i. e., by intercourse of the healthy with the sick, and likewise may, either through the atmosphere or in some other way, be diffused to a certain extent over the surface of the earth, independently of any such close intercourse."

*Secondly*, "That the imperceptible cause of cholera is liable to most remarkable variations in its influence on the human body on different occasions."

To this we add that it constitutes a sufficient explanation of the great apparent contagion in certain epidemics, and of the absence thereof in others.

*Thirdly*. Negative observation alone is not relied on to prove another mode of extension for cholera besides contagion, but positive, also, such as that the proportion of cases arising among those having no intercourse with the sick is often at least as great as among those constantly with them.

*Fourthly*. Extension, otherwise than by actual contagion from intercourse with the sick, is proved by unequivocal statistics derived from recorded cases in India, where large masses of troops, affected in particular localities, immediately recovered on being removed to other situations, without the slightest transmission to any persons who came in contact with them. These occurrences have given rise to the term "*tainted districts*" universally recognized in India.

*Fifthly*. It is an admitted fact, that, although cholera follows the great lines of human intercourse, it has made its way, not uni-



formly, indeed, but very generally, in spite of cordons and quarantine regulations. "It must have some way of diffusing itself—whether through the atmosphere, along the earth's surface, or under the earth (as some have conjectured), and of multiplying itself at the points which it reaches—which we can hardly conceive that any restriction on human intercourse can surely or uniformly counteract."

Dr. Alison asks, "why not admit that propagation of cholera may occur—and that we ought to be prepared with means of limiting its extension—in two ways?" As we understand him, one mode of extension would be by a certain amount of communication from the diseased to the healthy (there being, we would add, predisposition, and this mode being marked in some epidemics, almost null in others), while the other is "more obscure," but, as Dr. A. says, "equally ascertained and probably even more destructive."

The editor of the Review in which Dr. Alison's paper appears thus states his opinion upon the question, a portion of which we subjoin. "We have never denied cholera might be contagious; and we have expressly stated that it might be carried from place to place. We have contended, however, strongly, that the peculiarities of its spread render it impossible that its extension over the world can be accounted for by the limited hypothesis of contagion; we have argued that its spread by contagion is the rare exception, and its spread from other causes is the common rule. \* \* \* The questions for discussion are, we believe, not whether cholera is contagious or non-contagious—but how often it spreads by the agency of human bodies, and how often without such media?"

Were it possible, within reasonable limits, we would gladly adduce several indisputable instances of transmission furnished by Drs. Alison and Charlton in their papers above referred to, and also certain evidence by Dr. Traill, communicated to the same Journal. Positive facts seem to have largely accumulated upon both sides of this still "disputed question." The true direction for inquiry is doubtless that suggested by the Editor, and which we have just referred to. At present, the balance of evidence is doubtful, but, as we incline to believe, is against contagion being other than a subordinate agency in cholera extension. The terms mentioned at the commencement of this article will therefore express the influence of contagion in the majority of cases, (*"Contingent and accidental" contagion*). It will, at all events, be evident that the dogma that cholera arises and is propagated by contagion *alone*, is wholly inadmissible. In Sweden, Dr. Berg has given very decided evidence in favor of contagion, and in the review of his work by Dr. Charlton (*Med.-Chir. Review*, Jan., 1854), Dr. Stenkula is referred to as saying, "I have no hesitation in declaring, in opposition to the generality of the more recent authorities on the subject, that the cholera is essentially a miasmatic, contagious disorder." He moreover maintains that the disease may be communicated by persons who themselves escape.—(*loc. cit.*, p. 32.)

With Drs. Copland, Watson, Graves and Simpson to bear him company, we can congratulate Dr. Byrne; but none of them, we believe, are quite so exclusive as he is in saying that the cholera-poison "has its source in the human body *only*." Dr. Alison, while he brings forward so much that favors contagion, very candidly and clearly presents the indisputable evidence demonstrative of other more subtle causes, and, as we have said, ascribes to them a greater power. Thus we conceive that to inculcate contagion as the *rule* in the spread of cholera, is needlessly to alarm the community, and, during an epidemic, to cause an increase of mortality, through a constantly growing apprehension. Moreover, the doctrine cannot be accepted as proved. Let due hygienic and sanitary regulations be observed, and unnecessary exposure be avoided—advice which has always heretofore been given, and we may confidently rate the cases likely to occur from actual contagion at quite a low figure.\*

Having, intentionally, confined our remarks to the chief subject of the Essay before us, we have no space to devote to the other chapters, but would say, generally, that those upon Prevention and Treatment are, for the most part, very judiciously written, and, although we remark nothing new, yet they form a desirable conclusion to the work. We would, however, suggest that the author's recommendation to all patients "to bring their systems under the influence of calomel, before the arrival of a physician," is allowing them too much latitude. He adds, that "it is impossible patients can go wrong in endeavoring" to effect this, but while it *may* be safe in most cases, we can imagine it to be most dangerous in others, and certainly not to be so generally directed.

We remark, with real satisfaction, the very handsome appearance of the volume; the paper is clear, white and strong, and the excellent type makes it a pleasure to read; the margin of the page is generous, a *desideratum* not so often found as it should be. The publishers are entitled to great credit in all that appertains to their department. The value of the work so well presented, induces us to recommend its perusal to all professional readers.

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\* In the American Journal of Medical Sciences (April, 1855), is a very complete account of the Asiatic Cholera as it prevailed in Columbia, Lancaster County, Pa., in the Autumn of 1854, by T. Heber Jackson, M.D. Upon the question of contagion the reporter decides that it does not explain the extension of the disease. For, although a number who had been in the room with the persons (immigrants) who were first ill, were subsequently affected with cholera, "yet at midnight, two days afterwards, *all* portions of the town, *all* classes of persons were compelled impartially to contribute victims to the merciless pestilence." But very few among these had been exposed to the two sick immigrants who were landed at the depot on the day but one previous. In certain of those taken ill, in whom there was no possible communication with any one affected, or who had been with the said immigrants, diarrhœa had previously existed. They were thus peculiarly predisposed, and certainly the spontaneous out-break of the disease among large numbers, in widely separated districts (although the town is not very large—5,000 inhabitants), and the previous appearance of sporadic cases, sufficiently prove a far more potent and subtle cause than contagion for its epidemic extension. The reporter concludes the extending cause to depend upon the air and the locality. The paper is well worthy an attentive perusal.



## Hospital Reports.

### MASSACHUSETTS GENERAL HOSPITAL.

*Cases of Pneumonia and Acute Rheumatism. Rapid Recovery.*—Under the care of Dr. SHATTUCK. Reported by S. F. HAVEN, M.D., House Physician.

I. Ellen McR., æt. 20. Irish. Single: domestic. Entered March 20th, 1855. She had had a cough, at times, for several weeks, and may have been exposed to cold. Previously her health was good. On the 12th, she was well, but after a hearty supper had nausea and vomiting in the night. The next day her cough was worse, and she kept her bed. She rode here from South Boston without feeling very tired.

21st.—In bed. Does not look like a sick person. Wishes to go home for some clothes. Some pain over lower left ribs. Dulness; bronchial respiration and coarse crepitant rale, at the end of long inspiration, over lower half or two-thirds of left back. Expectoration semi-transparent, orange-colored, viscid. She was kept awake two or three nights before entrance, but slept better last night, after taking Dover's powder. Skin natural; pulse 78, small and weak; thin, whitish coat on tongue; bad taste; small appetite.

22d.—Up and dressed. Pulse 96, small and weak. Pain in left lower chest. Less resonance on percussion in left, than in right lower back. Respiration there loud, with coarse crepitus at the end of inspiration. Respiration almost bronchial in left infra-spinous fossa. Sonorous rale over left front chest. Expectoration same as yesterday.

23d.—Expectoration orange-colored. Difference of resonance more marked in left supra-spinous fossa than in lower back. Bronchial respiration, and some ægophony.

24th.—Has raised less than half an ounce of yellow, viscid, semi-transparent mucus. Cough easier.

26th.—Pulse 92. Scarcely coughs or raises at all. Asks for meat. Has still some soreness over left chest. Some difference in percussion over two backs. Some coarse rale at end of inspiration in left side. Respiration rude between scapula and spinal column.

28th.—Sitting up. Less soreness of side. Cough unfrequent. No expectoration.

30th.—Slight difference of resonance of percussion in lower backs. One or two *bruits* of crepitant rales on long inspiration, below point of left scapula. Voice over left back natural.

April 10th.—No physical signs. Discharged well.

*Treatment.*—Laxative expectorants and an occasional Dover's powder.

II. William E. H., æt. 27. Irish. Clerk: single. Entered March 22d, 1855.

March 23d.—Calls himself healthy; never had rheumatism before, and does not know of it in his family. Attributes present illness to wet feet on 15th. That evening, felt pain in left knee; went to work next morning, but came home at 4, P.M., and has kept bed since. Now, lying on back; pulse 72; skin natural; pain in elbows, left wrist and right ankle; less pain in right knee; left wrist swollen. Some thoracic pain during last two days. Moves in bed with much difficulty. Mouth tastes badly. Took Dov. powd., gr. x. last night, and slept better than on previous nights. *R.* Pulv. guaiaci, ʒj. *R.* Potass. nitrat., ʒj. Infus. lini, Ojss. for drink.

24th.—Severe pain in left wrist. Not much elsewhere. 25th. More pain. R. Vin. colchici, gtt. xl. Comp. aloes draught, 3ss., p. r. n. Dov. powd., gr. x. at night. 26th. Reports better. Left wrist swollen but not painful. 27th. Decidedly better.

April 3d.—Considers himself well. Asks to be discharged.

The principal points of interest in these cases are the rapid recovery in both, and in the first the peculiar orange-colored expectoration, and the slight evidence of prostration exhibited by the patient. As a marked contrast to the second, it may be well to mention the case of Mary O'B., æt. 20, who entered January 29th with acute rheumatism of a week's standing, and of a very severe character, which has continued, with an occasional period of remission, to the present time—nearly three months. Her sufferings now appear to be almost as great as at time of admission.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 26, 1855.

### SUDDEN DEATH: ITS FREQUENCY AND CAUSES.

No one can fail to be struck with the unusual number of instances in which death has been instantaneous, or nearly so; that have been reported among us and in our immediate neighborhood during the past few months. If we except casualties and suicides, the affections to which these cases are usually ascribable are cerebral or cardiac; a certain number are due to sudden and profuse pulmonary hæmorrhage. In our own experience there have of late been instances which go very far to account for this alarming feature in mortuary statistics. This is eminently a business community; too much so, by far, for its highest physical, mental, or moral, well-being. Proof enough could be obtained from the case-books of our physicians that we work too long and too steadily, and do not have sufficient recreation. The care-worn, anxious, pallid, American countenance has become a proverb; the hurried gait, giving the observer the idea that most of the occupants of our business thoroughfares are pursued by bailiffs, is a recognized fact and a powerful cause, doubtless, in connection with the accompanying mental "hot haste," of the national disease, dyspepsia. That this habit, ruling mind and body, must be a prolific source of the development of apoplectic seizure in many, can hardly be deemed an unwarrantable conclusion. The occurrence of attacks of this nature in persons comparatively young, and especially in those in the vigor of life and absorbed in engrossing, difficult, and responsible pursuits, has been remarked with a frequency which should at once alarm and warn those similarly engaged. Nature will assert her rights, and broken physical laws will, in some way, be vindicated.

As a people, we cannot at all compare with most other nations in being amused and recreated. While nearly all, especially on the European continent, are very properly thus cared for, by their governments, we are rarely able to unbend from daily tasks by a general holiday. The days so observed are rather occasions of fatigue and excess to the active participants, and of multiform endurance to others. There should be some mode of relaxation for those from whom great physical and mental exertion is required, whether they be salesmen, laborious mechanics, or of sedentary professions. Let the anxieties of business be relieved by occasional vacation of exertion, and while the constitution will last longer, the renewed energy acquired



will make ample returns for the time thus spent. Instances throng upon us of over-taxation of the physical and mental powers, resulting in quick and melancholy bereavement, leaving families alike overwhelmed with grief and almost wholly unprovided for. If the consequences of such a course are not immediate, they are often partial and lingering, and the man who might have lived long, happily and usefully, by duly regulated exertion, sinks into the confirmed invalid at thirty, or finds himself verging upon imbecility after an admonitory stroke of paralysis. Whenever the depression of spirits entailed by too great or prolonged labor, leads its victim to the daily use of stimulants, as a temporary relief, the chances are a hundred fold increased that cerebral troubles will be manifested. A marked instance of this sort came under our notice only a few months ago; the amount of stimulus taken daily was but small, but the system being kept under high pressure, and tasked to its utmost by engrossing business cares, was suddenly smitten down with paraplegia, and the recovery is as yet incomplete. This, in a man of 35 years, is a sad occurrence, and one which, in all human probability, would not have happened but for the course he had been pursuing. These cases might be collected in large numbers. Should not prevention be looked to here, where cure is too often problematic, and so frequently not to be thought of? If ever there were a duty which physicians owe to the communities in which they live, it is to warn them against that eager pursuit of wealth which too often destroys both body and mind.

We have referred to cerebral diseases as induced by too long-continued and severe application to business, especially, and the general effects of such a nature as fostered by the system of "all work, and no play," because they are doubtless the most frequent manifestations thus arising. That sudden death by cardiac disease or rupture of large vessels, may, and often does, happen in scenes of wild carousal or furious quarrel, such as are getting to be so common in our large cities, is nearly sure.

The lamentable increase of *suicides* in our midst, strongly arrests the attention. Three are chronicled within as many days, in our papers; two of them in this city and immediate neighborhood; and several others are still fresh in the public mind. To explain this state of things we must look farther than the ordinary supposition that temporary insanity is at the root of all self-murder. This may be so in many cases; but the insanity that prompts it in countless others is that derived from unbridled passion, mortified ambition, undue mental exertion not relieved by any diversions, and reckless forgetfulness both of God and man. Were the moral and religious sense of those who thus make way with themselves, better cultivated, or not utterly perverted by the infidel teachings that taint the masses, we should see less of this cowardly desertion of duty—this act of rashness, which not only destroys the individual, but stabs most cruelly those with whom he is connected. To apply our former opinions—we cannot but believe that less crowding of the brain and driving of the hands; more amusement, *publicly* cared for; more time allowed for it (so that those who can now only snatch a few hours, and are consequently tempted to spend them in riot and extravagance, might look forward to frequent periods of relaxation); and more attention to the laws of life, would ward off many of the causes, and thus vastly diminish the number, of sudden deaths, referrible to any of the agencies to which we have referred.

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#### EXTIRPATION OF THE UTERUS—RECOVERY OF THE PATIENT.

THE operation for removal of the uterus, by incision through the abdominal walls, has hitherto been uniformly fatal. An interesting case is re-

ported in the last number of the American Journal of the Medical Sciences, by Dr. E. R. PEASLEE, Prof. of Surgery in the Medical School of Maine. There seems reason to believe that the patient would have recovered, had not a portion of the intestine become strangulated by being forced through the incision, during vomiting, on the day following the operation. In a note, Dr. Peaslee states, that since commencing his report, he has learned that Dr. G. Kimball, of Lowell, Mass., has performed this operation successfully.

We have just received from Dr. KIMBALL, a report of his most interesting case, which, we regret to say, came too late for insertion in the present number. It will appear in our next. The disease was a fibrous tumor of the womb, occupying a considerable space in the abdomen, and presenting the appearance of the uterus at about the sixth month of pregnancy. The patient was prostrated by frequent and profuse hemorrhages, which promised speedily to carry her to her grave. The operation of extirpation of the entire diseased mass, including the uterus, with the exception of the neck, was performed by Dr. Kimball, on the 1st Sept., 1853. The patient recovered completely, being restored to robust health, although eight months afterwards the ligature had not come away.

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*Treatment of Fissure of the Palate, by repeated Cauterization.*—An interesting memoir on this subject, with an account of six successful cases, by Dr. Jules Cloquet, is published in the *Gazette Médicale de Paris*, for March 3d. The method employed by M. Cloquet is to cauterize the upper angle of the fissure for the extent of a very few lines, by the application of the pernitrate of mercury, the hot iron, or a loop of platina wire, rendered incandescent by means of the electric current. Not less than seven or eight days ought to elapse between each operation, in order to allow the parts to contract, and to consolidate the union. In one case, after twenty-four applications of the pernitrate of mercury, with a pointed stick of soft wood, a fissure of the whole extent of the soft palate, caused by syphilitic ulceration, was completely united. In another case, in which the fissure was congenital, the same number of operations, by means of the red-hot iron, were sufficient to restore the parts perfectly to their normal state. Where the parts are firmly adherent to the bone, they may be separated by the knife before applying the caustic, as in the ordinary operation by sutures. The operation occasions very little pain, is exceedingly simple, and requires no change in the regimen or habits of the patient.

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*Ohio Institution for the Deaf and Dumb.*—There were 157 pupils in attendance at the Ohio Institution for the Deaf and Dumb at the date of the last Report. The "Medical Counsellor," published at Columbus, gives the following statistics from the Report:—"In 413 families of those sending to the Institution, there is but one deaf and dumb child in each; in 46 families there are two in each; in 33 families there are 3 in each; in 4 families there are four in each; in 1 family there are five, and in 2 families there are six in each. Of the whole number of graduates, 59 have married, and of those, 42 have married deaf mutes. The only child of one of these couples is deaf and dumb."

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Prof. James Hall, of Albany, has been appointed Professor of Geology, Natural History and Zoology, in the State University of Iowa.—The Governor and Council have appointed Dr. Isaac G. Braman, of Brighton, Coroner for Middlesex County, Mass.



## Bibliographical Notices.

*Statistics and Causes of Asiatic Cholera in Providence, R. I.* By EDWIN M. SNOW, M.D. Providence, 1855. Pp. 20.

This is a letter addressed to the Mayor of Providence, and read before the Providence Medical Association, by whom the remarks and conclusions of the writer are fully approved. The pamphlet is an interesting one, and shows conclusively that the prevalence of the epidemic in that city was mainly to be ascribed to foul and stagnant water, to want of good drainage, and to filth.

*Bill of Mortality of the City of Lowell for the Year 1854.* Pp. 16.

This Report has been prepared by Dr. Joel Spalding, City Physician of Lowell, and bears the marks of labor and accuracy. From it we find that croup, cholera infantum and dysentery have been unusually fatal, the number of deaths from the first disease having been 47, from the second 48, and from the last 60. The whole number of deaths during the year was 834, being more than in any previous year with the exception of 1849, when they amounted to 983. The Report does credit to Dr. Spalding and to the city government of Lowell.

*An Address to the Graduating Class of the Medical Department of the University of Nashville.* By PAUL F. EVE, M.D. Nashville, 1855. Pp. 22.

The sentiments and opinions contained in this address are such as will commend it to every high-minded and conscientious member of the profession, and must have a most happy influence on the graduating class.

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### NOTICES.

We call the attention of our readers to the remarkable case of "Polypus of the Iris," communicated by Dr. J. H. DIX. The beautifully executed and costly engraving which illustrates it, is believed to be the only representation of the affection extant.

*Communications received.*—Successful case of Removal of an Ovarian Cyst.—On Infantile Syphilis.

*Books and Pamphlets.*—Discovery of the Cause, Nature, Cure and Prevention of Epidemic Cholera, by M. L. Knap, M.D., &c. New York: 1855. Pp. 27.—A practical Treatise on the Diseases peculiar to Women, by Samuel Ashwell, M.D. Third American from the Third and Revised English Edition. Philadelphia: Blanchard & Lea: 1855. Pp. 528. From Ticknor & Co.—Experimental and Clinical Researches on the Physiology and Pathology of the Spinal Cord and some other parts of the Nervous Centres. Pp. 66.

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**MARRIED.**—At Hinsdale, 17th inst., John M. Brewster, Jr., M.D., of Springfield, to Cornelia S. Hubbard.—At Springfield, 18th inst., Dr. James Spalding, of Montpelier, Vt., to Mrs. Anna Dodd, of Lebanon, N. H.

**DIED.**—At Mansfield, Conn., 15th inst., Dr. George T. Barrows, aged 23, late graduate of the medical department of the University of New York.—In New York, April 19th, William Seaman, M.D., in the 59th year of his age.—In Philadelphia, 13th inst., Dr. Joseph Hawley Dorr, formerly of Boston, in his 43th year.—At Cane Island, near Beaufort, S. C., 14th inst., Samuel P. Reed, M.D., 39.

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*Deaths in Boston* for the week ending Saturday noon, April 21st, 75. Males, 29—females, 46. Accident, 1—apoplexy, 1—inflammation of the brain, 1—consumption, 13—convulsions, 4—croup, 4—dropsy, 1—dropsy in the head, 2—debility, 2—infantile diseases, 5—typhoid fever, 3—scarlet fever, 4—disease of the kidneys, 1—hooping cough, 1—disease of the heart, 2—hemorrhage, 1—inflammation of the lungs, 3—marasmus, 1—old age, 7—palsy, 1—pleurisy, 3—small-pox, 2—teething, 3—thrush, 1—tumor, 1—unknown, 2.

Under 5 years, 27—between 5 and 20 years, 6—between 20 and 40 years, 20—between 40 and 60 years, 10—above 60 years, 12. Born in the United States, 51—Ireland, 17—England, 1—Germany, 1—Scotland, 1—British Provinces, 1.

*Treatment of Acute Rheumatism by the Bicarbonate of Potash.*—The London Lancet of March 3d, contains a report of some remarks of Dr. A. B. Garrod, before a meeting of the Royal Medical and Chirurgical Society, on the treatment of acute rheumatism. The main plan of the treatment consists in the administration in a dilute form of two-scruple doses of the bicarbonate of potash, every two hours, day and night, until the patient has been free from all articular affection and febrile disturbance for three days, using local depletion over the heart's region, if any cardiac disease is present or threatened. In fifty-one cases treated in this way, the duration of the disease under treatment averaged seven days and a half; the total duration being about thirteen days and a half. The remedy produces neither nausea, vomiting, nor purging, in fact no symptom of gastro-intestinal irritation.

*Experiments with Chloroform.*—A series of experiments with chloroform, one hundred and fifty in number, have been recently tried in Paris, on the lower animals, which promise some valuable results. Mr. Bickersteth, of Liverpool, who happened to be in Paris, we believe, was invited to the operations. The chief animals were birds, reptiles, dogs and rabbits. The birds were easiest affected, and fell long before lizards or snakes into a state of sleep, mammiferous animals occupying an intermediate position as to time; the relation being very marked in all animals according to the force or developement of the respiratory and circulating systems. The irritant action of chloroform was very marked in snakes, their forked tongues being thrust out, though apparently torpid previously. Birds, on the other hand, fell asleep immediately. "The slowness of etherization," the Societe d'Emulation reporters think, is in proportion to the previous stage of excitement. The posterior extremities in all animals are first insensible. This is constant, even in reptiles and birds. The eyelids are the parts last effected. Fresh chloroform added to the instrument, when the animals were on the point of falling into anæsthesia, woke them up again, by what was thought a reflex action transmitted from the air passages. The heart was found beating in some animals after death from chloroform.

*Depletion in Dysentery.*—I have practised leeching in this disease, particularly *circa-anum*, to a greater extent than is usual among medical officers, and always with great benefit; indeed it appears to be, if employed early, the principal remedy at our command, and this is easily understood by considering the connexion which exists between the hæmorrhoidal and mesenteric veins, the former freely anastomosing with the latter, the leeches so applied emptying the mesenteric and portal system. Indeed, after long experience in the treatment of this disease in Burmah, I am quite convinced that not only is the disease cut short by free leeching (of course pursuing the other means sedulously also), but thickening of the mucous membrane, ulcerations, and other changes of texture, which long-continued inflammatory action produce, causing tedious convalescence, lingering illness, and often fatal results, may be prevented in a great measure by active leeching at the beginning.....There is a much less frequent form of dysentery, however, where local depletion is not sufficient, and will not arrest the frightful inflammation that is going on. It is confined to the rectum, and is of the most acute and intense kind.—DR. DAVIDSON, in *Indian Annals*.

*Phthisis in India* —The natives of India form no exception to the dark races in other parts of the globe; or, at least this much may be said, that the exemption from phthisis is by no means so universal as has been supposed. If portions of the continent of India are so exempt, it is very desirable to have information regarding them as convincing as that given of places where the disease has been ascertained.....The disease, beside the common wasting form which has procured for it the descriptive names of consumption and decline, shows itself in two varieties more commonly than in Europe—viz., the *latent* and *febrile*. The latter is possibly only a hurried termination of the latent.—DR. WILSON on *Tubercular Disease in the East*.

A work has lately appeared in London, by John Hilton, on *Some of the Developmental and Functional Relations of Certain Portions of the Cranium*.



## THE

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### SUCCESSFUL CASE OF EXTIRPATION OF THE UTERUS.

BY G. KIMBALL, M.D., LOWELL, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

IN furnishing a report of this successful case of removal of a diseased uterus, I have to acknowledge myself embarrassed somewhat from the want of a more perfect statement of details than I have been able to procure. Such a statement had been promised me by the physician in attendance after the operation. It has, however, never yet come to hand, and in despair of ever receiving it, I am now under the necessity of furnishing a report much less complete than I could have desired, relying mainly, for the essential materials of it, upon statements and details gathered from the several notes received before the operation, and during the patient's recovery.

The following quotation I make from a letter received from the attending physician, Dr. A. Skinner—dated

*Vernon, Ct., Aug. 16, 1853.*

“DR. KIMBALL. Dear Sir,—Mrs. T., of this town, some time since called my attention to a small tumor situated in the abdomen, on the left side, and as low down as the region occupied by the uterus. This struck me at first as being possibly of serious importance, and requiring special attention. Some few months passed on, and I consulted Prof. Knight, of New Haven, regarding the case. But he added nothing by way of explaining the real nature of the disease, nor did he propose any new treatment of it. Some months after, Dr. Knight was again consulted—still no improvement. Up to this time everything in the form of prescribed remedies has failed in retarding the growth of the tumor, till now it fills a large space in the abdomen.

“No great inconvenience attends the *size* of the tumor, but the trouble is from hemorrhage during the period of menstruation. Every month a large quantity of blood is lost, reducing the patient extremely—even hazarding her life. Now the question is, can this be a suitable case for the operation of ovariectomy? Is not the uterus implicated in the disease? The tumor is moveable, and, I should think, no very firm attachments had formed. But whence

this profuse hemorrhage, if not from the uterus? The patient is 34 years old, and at the commencement of the disease was in robust health."

In reply to this statement, I could only remark that the account given of the case was characteristic of uterine, rather than ovarian disease; yet with this view even, I was not prepared to pronounce it altogether beyond the reach of remedy. On the contrary, rather than give up the case as utterly hopeless, I would propose, as a last resort, the removal of the uterus itself.

In accordance with this suggestion, I was requested to visit the patient at her residence. This I did on the 1st of September, 1853. The suspicions previously entertained regarding the nature of the disease in question, were now fully confirmed, as the facts of the case came to be better known by personal examination. The first aspect of the patient indicated, most unequivocally, an extreme case of *anemia*. She lay in bed, upon her back, unable to sit up or turn upon her side without help. She had but just rallied from her last attack of hemorrhage, which had been frightfully severe. Another similar attack, if allowed to occur, was looked forward to as an event certain to be fatal. And in due course, this event was now liable to happen at any moment.

Upon examining the tumor, it was found, as had been previously stated, to occupy a very considerable space in the centre of the abdomen. Its form was globular—surface perfectly regular—moveable from one side to the other—evidently unattached by adhesions—elastic, without the least sign of containing fluid, yet less solid in its feel than if it had been a more fleshy substance. Its diameter apparently about seven inches.

Examined per vaginam, the neck of the uterus was found in its natural condition, both in position and size. The os uteri open rather more than natural; a sound readily passed up some four or five inches. The enlarged and diseased portion of the organ could not be reached by the forefinger—the entire bulk of the tumor lay in the abdominal cavity.

Without knowing the actual state of the case, one would have judged, from the appearance of the abdomen, that it was a case of pregnancy six months advanced. No lesion, organic or functional, of any other organ, could be detected. Indeed, but for this one difficulty, there seemed no hindrance to the recovery and enjoyment of perfect health.

The important question was now raised, whether the case was one that promised any chance of relief from a surgical operation? The operation proposed was the removal of the uterus by section through the abdominal walls. Extraordinary and hazardous as this suggestion seemed, the feeling was unanimously and unhesitatingly expressed, by every one present at the consultation, that this procedure offered the only possible chance of saving the patient from impending death. This conclusion was no sooner made



known to the patient, than it was readily assented to—both she and her husband claiming that a chance of life by an operation, however small that chance might be, was better than the certainty of a speedy death.

The patient was now put in readiness for the operation by being placed on a properly elevated table, and brought under the influence of chloroform. Upon exposing the abdomen, and observing the small size of the patient, it appeared quite evident that in order to dislodge the tumor *entire*, it would be necessary to extend an incision from the ensiform cartilage to the pubis. But rather than do this, it was thought better to expose a part only of the tumor, and see what could be done by way of *enucleating* the diseased portion of it—thus reducing its bulk so as to allow its being drawn out through a comparatively small opening. Accordingly, an incision was made through the *linea alba* directly over the most prominent portion of the tumor, exposing it to the extent of about four inches. Another cut of less extent, through the uterine walls, brought to view the fibrous mass within. Observing that no bleeding followed this procedure, this last incision was prolonged to an extent corresponding with that through the parietes. Through this opening, a portion of the diseased mass, thus exposed, was suddenly and forcibly extruded, seeming, at first, as if a little additional force would be sufficient to dislodge it entirely from its connections. Attachments, however, firmer and more extensive than had been anticipated, rendered this part of the operation rather difficult; but being finally accomplished, and the uterus becoming at once greatly diminished in bulk, it was readily drawn out from the abdominal cavity, conformably with the plan adopted in the outset, and placed in the hands of an assistant.

A straight, double-armed needle was now passed through the organ in an antero-posterior direction, as low down as the supposed point of its junction with the neck, this part being, of course, left intact as regards its relation with the vagina. By this plan of appropriating to each lateral half a separate ligature, there was no great difficulty in making sure against all chance of subsequent hemorrhage; a consideration of great importance, in view of what might otherwise be very liable to happen.

The remaining part of the operation was very simple, and easily accomplished. It consisted of a mere amputation of the diseased structure by a single straight incision, carried across from one side to the other, and as near to the ligatures as was consistent with their secure attachment.

The parts having now been made as clean as possible, the wound through the parietes was brought together, and its edges secured with four sutures. Adhesive strips, and a compress wet with warm water and laudanum, completed the dressing.

The operation was somewhat protracted, lasting nearly or quite forty minutes; yet it was not accompanied or followed by any ex-

traordinary or alarming degree of exhaustion. The amount of blood lost did not exceed four ounces.

After being laid in bed, the patient was troubled with nausea, and occasional vomiting, which continued for two or three hours. This, however, was probably the effect of chloroform merely. Upon its ceasing, an urgent desire, without the ability, to evacuate the bladder, came on, together with a severe pain in the lower part of the back. The first difficulty was readily relieved by the use of the catheter, the latter by a half-grain dose of morphine—which seemed not only to quiet the pain, but to induce what was then considered a comfortable night's rest.

For the subsequent history of this case, I am obliged to quote from letters received from time to time from the attending physician, Dr. Skinner.

On Saturday, two days after the operation, he writes as follows : "At 12 o'clock yesterday I was called to see our patient, and found her vomiting severely. Directed an enema of starch and laudanum, with counter-irritation over the stomach. This succeeded in checking the vomiting very soon. Spent the following night with her, and for the most part of the time she was quiet, and when disturbed at all, it was from nausea. Some fulness of the abdomen, with a little tenderness."

"Tuesday, September 6 (sixth day). We find our patient this morning (8, A.M.), comparatively comfortable. Monday, there was much tympanitis and tenderness of the abdomen. There had been considerable nausea the evening previous, and occasional vomiting. Two mild laxative enemata were given, but no evacuation of the bowels followed. Average pulse 116, and somewhat irregular.

"Last evening another laxative enema was given; and a few hours after, still another. This last was soon followed by a good-looking movement. Since this, there has been less restlessness. Starch and laudanum injections have been duly kept up. Less flatulence, and with the exception of two paroxysms of vomiting (one since I commenced writing this morning) the symptoms are generally more favorable. Let me add, that during last night there was some fever, face flushed, pulse 125. This morning some pus appeared at the lower part of the incision."

"Thursday morning, Sept. 15th.—Our patient is still alive and rather comfortable. Nausea and vomiting have been the worst symptoms since operation. Bowels have not moved since last Thursday. Tympanitis gradually improving. Pulse 100 to 120. Not much febrile action. We allow her a little very weak broth. We have succeeded in getting the full effect of opium by using laudanum injections—the only way opium could be tolerated."

From the date of the above, till January following, accounts of regular improvement were received as often as once every two or three weeks. On the 12th January, Dr. Skinner wrote as follows :

"Our patient remains much the same as when I last wrote.



She is able to walk about the house, and looks nearly well. Countenance good; pulse strong; appetite good enough; bowels free; in short, everything about her *right*, except what is produced by the irritation from the *ligatures*."

March 1st, six months after operation, another communication was received, in which the ligatures are again alluded to as still attached, and causing considerable annoyance from mere local irritation. Again directions were given to apply still more force. This was promptly done; yet the ligature remained firm.

Early in May following, I visited my patient at her residence, and found, as her physician had previously stated, "everything all right, except the irritation produced by the ligatures." Her personal appearance had so changed that I could hardly believe her to be the identical person I had operated on eight months previous. The recovery of flesh and strength—the healthy, florid color of the cheeks—good appetite and perfect digestion, all indicated the return of robust health.

The ligatures, however, still remained an annoyance, producing a good deal of discomfort, particularly in the exercise of riding and walking. Another attempt to remove them was again unsuccessful, and from the pain that always followed these efforts, it was thought advisable rather to allow them to remain attached for an indefinite time longer, than to subject the patient to repeated failures. This conclusion seemed reasonable and safe, from the fact that their presence was looked upon as a mere *inconvenience*, and not implying any danger.

This visit, as stated above, was made early in May, eight months subsequent to the operation. From that time to the present, my further knowledge of the case has been only of an indirect character, yet quite satisfactory. From several individuals coming from the immediate neighborhood of the patient (one of them recently), I learn that the operation is spoken of as perfectly successful, and the patient herself restored to health.

The above case is the only one, I believe, as far as can be ascertained from the records of surgery, where the operation for the removal of the uterus, by what is termed the hypogastric method, has been successful.

M. Langenbeck, of Gottingen, uncle of his distinguished namesake, Prof. Langenbeck, of Berlin, according to the report of a case published by his son in 1813, extirpated the uterus *per vaginam*, and the patient recovered. This, however, was a case of *inverted uterus*. In the two or three other instances where the operation has been effected by section through the abdominal walls, the cases have resulted fatally. In one of these, by Mr. Meaths, of Manchester, Eng., the operation was begun with the view of removing a diseased ovary. The exposure of the tumor, however, disclosed at once an error in diagnosis, showing that the disease in question was not ovarian, but uterine. The surgeon deemed it expedient, however, under

the circumstances, to proceed in the operation, and effected the complete ablation of the organ diseased.

I have myself performed this operation in three instances. In one instance, as has been already shown, the result was successful. But in bringing before the profession and the public an account of an operation, the result of which I claim as singular, so far as the record shows, I should consider myself unjust, and culpably indifferent to my professional obligations, were I to withhold the fact that in two other instances of uterine extirpation, I have had the misfortune to lose my patients.

In my first operation, the circumstances attending it were very similar to those named in Mr. Meaths's case—that is, the operation was begun with the view of removing a diseased ovary, and terminated in the extirpation of the uterus. Though feeling well assured in this case as to the correctness of my opinion regarding the nature of the disease I was about to encounter (an opinion, too, which, so far as I know, was concurred in by each of the several medical gentlemen present), my first incision through the abdominal parietes revealed at once the unexpected yet unmistakable fact that the tumor in question was no other than an enormous, irregular, lobulated structure; the uterus itself being the only organ involved. My determination, in this aspect of things, was to desist from further prosecuting the operation; but upon consultation, another judgment prevailed, and it was finally concluded by a complete extirpation of the diseased mass, and with it, also, the whole of the organ with which it was connected. This patient survived the operation ten days. For the first six days the symptoms were comparatively mild—so much so, as to afford considerable hope of recovery. On the seventh day, however, the aspect of things changed for the worse; and on the tenth day, as before stated, the case terminated in the death of the patient.

The second fatal case was the third, as well as last, in the order of time. The motives inducing me to operate in this instance were substantially the same as those stated in connection with the *second* case that had just resulted favorably, with this additional and important fact, that it was now shown conclusively and satisfactorily that the extirpation of the uterus was by no means a *necessarily* fatal operation. The case, however, terminated unfortunately. The patient died on the third day; and upon post-mortem examination, it was shown, but too clearly, that a ligature had slipped, and a hemorrhage in consequence was the immediate cause of death. But for this accident, there were as good reasons for expecting a good result as in the case immediately preceding it.

The foregoing cases make up the amount of my experience as regards this formidable operation; and it will be observed that these cases all relate to one form of disease, viz., fibrous growths within the walls of the uterus.

Many other instances of a similar character have fallen under my observation during the last fifteen months; but in none of them



were there present those conditions which properly suggested a resort to an operation. The cases where such a procedure would be proper, are unquestionably rare ; yet my conscientious belief is, that cases now and then do occur where the extirpation of the womb is clearly justifiable and expedient. Moreover, the operation, desperate as it is, seems to be not merely one which the patient is fairly entitled to, but one which the surgeon, upon request, may feel himself *bound*, as a matter of duty, to perform, so long as by so doing he may *possibly* save the life of his patient, while otherwise he is sure to see her pass speedily to the grave.

April, 1855.

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#### TWO CASES OF INFANTILE SYPHILIS.

[Read before the Boston Society for Medical Observation, 16th April, 1855, by H. W. WILLIAMS, M.D., and communicated for the Boston Medical and Surgical Journal.]

CASE I.—On the 5th of July, 1853, Mrs. P. was attended in her confinement. She had previously had three miscarriages, one premature delivery in consequence of accident, and one living child. Her present labor resulted in the birth of a healthy girl, and both herself and child were doing well when my attendance was discontinued.

Was again called in on the 10th October. The mother thought her infant had not thriven well, and had observed that for some days she had taken the breast less readily than usual. The child had an unhealthy aspect, but nothing more serious than slight catarrhal symptoms could be detected. About the head and face and upon the limbs were many superficial ulcerations, most of them covered with crusts, but nothing in their appearance excited, at this visit, my special attention. In the afternoon an immediate visit was requested, the mother having been told by a physician, while in a shop with her child, that it would live but a short time. Instead of the slight symptoms exhibited at the time of the morning visit, I found, on my arrival, that the child's head had become swollen and livid, and it was evidently on the verge of suffocation. The nose was found completely plugged by some hard substance, which proved to be a mass of bone covered with inspissated mucus. On its removal the child became tranquil, and the lividity gradually disappeared. The fact of respiration being so very imperfectly carried on, though only the nasal orifices were obstructed, seems to prove the assertion of Trousseau, that young infants do not know how to respire by the mouth alone.

On making a more careful inspection of the ulcerations already mentioned, they were found to be accompanied by an eruption of a suspicious aspect, and were abundant, not only on the face and head, but about the arms and lower extremities. The conclusion was therefore formed that the child had been congenitally affected, though the mother could give no account of any symptoms indicat-

ing that she had been the subject of venereal disease. I did not have an opportunity to question the father. Three grains daily of hydr. cum creta were ordered for the child, and the iod. potass. was prescribed for the mother. Great care was enjoined, that the nose should not be allowed to become again closed by an accumulation of secretions. Simple ointment was applied to the ulcerated surfaces.

Under this treatment the skin in a short time became clear and the nose healed; but as a result of the loss of the vomer, the upper portion of the nose is much sunken, and the face has a disagreeable expression.

April 13th.—The child has a slight attack of erysipelas, with vesication, principally affecting the right cheek. The mother reports that the child has been healthy, but does not yet walk alone. The anterior fontanelle remains large. On the lip and chin are slight yellowish cicatrices, and on the lower extremities are brownish discolorations of the skin, marking the situation of the former ulcerations.

15th.—The erysipelas has nearly disappeared from the face. Desquamation of the cuticle has commenced.

This case is of interest, from the implication of the bony structure; which, though frequent in the adult, is almost never met with in congenital or infantile syphilis. The inability to walk, and the persistence of the anterior fontanelle at so late a period after birth, serve also to confirm the fact heretofore observed, that congenital syphilis is a frequent cause of tardy development.

CASE II.—On the 18th March, 1855, was asked to see a female child aged two months. The mother stated that at birth it was remarkably plump and healthy, but had gradually fallen away; and though she had an abundant supply of milk, it at times seemed disinclined to nurse. It screamed almost incessantly, allowing itself or her but little repose; and had become so puny that she had given up the hope of rearing it.

The skin was covered with a scaly eruption of a copper or brownish hue, most abundant about the nates, the limbs and the face. The trunk, which was swathed with a flannel bandage, did not present any spots. There was obstinate ulceration about the nail of one of the great toes, and the nail had been thrown off. Smaller ulcers and cracks existed about the anus and labia, and also upon the face. No ulcer or redness of fauces. The father has been an intemperate man, but I have had no opportunity for ascertaining if he had ever had venereal disease. The mother I consider of unexceptionable character. As far as I could learn by indirect questions, she has not had syphilitic symptoms. She has borne several children, of whom she has lost two. Glycerine was prescribed as a local application to the ulcers. Internally, hydr. cum creta, gr. iij. daily, for ten days.

On the 8th of April the skin was perfectly healthy in color and aspect; the ulcerations having healed after the powders had been



continued for a few days. The toe-nail was beginning to grow. Child had improved in appearance. The mother stated, however, that though she eagerly took the breast, she seemed unable to continue sucking on account of difficulty in breathing. Some coryza, and a little dried blood about the orifice of left nostril. No soreness of throat. I found one side of the nose so filled by a hard mass of blood and mucus, that the other nasal aperture was nearly obliterated. With some trouble I removed this, and the child was then able to nurse without difficulty. No dead bone was detected on examination, but the mucous lining of the nostril was evidently inflamed and ulcerated. Ordered glycerine to be applied with a feather to the inside of the nose. Frequent washing with tepid water, and a careful removal of all accumulations which might form.

The child continued to nurse and breathe without difficulty till the 11th, when, on changing its clothes, the mother discovered that the left lower extremity had become cold and of a purplish lividity. The left fore-arm soon became similarly affected, and the child had convulsions. The other limbs were subsequently attacked; but the respiration was unembarrassed; and, though the child seemed less inclined to nurse, it drank some milk drawn from the breast, without difficulty. The child died on the 12th, without my having been informed of the occurrence of any change for the worse, the mother being so discouraged at the appearance of the convulsions that she deemed it useless to ask for professional aid.

Two others of her children had died rather suddenly, as she understood from some disease of the throat, but not from croup.

The diagnosis in both cases seems confirmed by the results of treatment, precisely the opposite of the course which would have been indicated had the puffy condition of the children been the result of any other cause than a venereal taint.

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#### CHRONIC PELLICULAR OR ERUPTIVE INFLAMMATION OF THE INTESTINAL MUCOUS MEMBRANE.

[PROF. SIMPSON makes the following remarks on this form of intestinal inflammation, in addition to some observations published by him in 1846, on the same subject, in the *Edinburgh Monthly Journal*. These additional remarks have not before been published.]

Since specially pointing out this disease some years ago, to the notice of my professional brethren in Edinburgh, its frequency in practice has become generally recognized among us; and all, I believe, are now willing to acknowledge that it is infinitely more common than the total, or almost total, silence on the subject of all our best writers on practical medicine would, *a priori*, lead us to infer.

*Acute* exanthematous eruptions—smallpox, measles, scarlatina,

erysipelas, &c.—are usually recognized as occasionally attacking some parts of the mucous surface, as well as the general cutaneous surface of the body. And there are some specific local inflammations of the mucous membrane, which, if present on the skin, would no doubt there be termed eruptions—as diphtherite, dothinenterite, and perhaps more than one form of diarrhoea and dysentery, &c.

*Chronic* eruptions, however, of the intestinal and other mucous membranes of the body, have scarcely been acknowledged in modern pathology. But perhaps such chronic eruptions and irritations of the mucous surface will yet be found to be scarcely less frequent or less various in type than the well-known chronic eruptions and irritations of the cutaneous surface.

Chronic eruptive inflammations of the intestinal mucous membrane are frequently attended, as stated in the preceding notice, with the ejection, in greater or less quantity, of shreds or pellicles of thickened mucus, or of actual coagulable lymph, along with the usual contents of the bowels; and sometimes this pellicular effusion presents the appearance of a gelatinous shapeless mass, or of portions of a roundish or tubular false membrane, which is frequently considered by the patient as “worms.” Often, however, in apparently other species of chronic mucous or intestinal eruptions, no such secretion is thrown off.

The pathological anatomy of these morbid eruptions of the mucous membrane has scarcely yet been at all studied on the dead body. In a case where, some months before death from pulmonary tubercular disease, the patient had passed large quantities of “membranous crusts or tubes” from the bowels, Dr Abercrombie found the mucous membrane of the colon, throughout its whole extent, covered with an immense number of small spots of a clear white color, which, “on minute examination, were distinctly ascertained to be vesicles, very little elevated, but, when punctured, discharging a small quantity of clear fluid.” In a case of still more chronic character, with similar pellicular discharges, which I attended with the late Dr. Wright, and where the patient died in an extreme state of marasmus, the mucous membrane of the colon and the lower portion of the small intestine was everywhere studded with a thickly-set papular eruption.

The principal general symptoms which I have observed in cases of chronic mucous or intestinal eruption, are the following, in different numbers and combinations, and in different degrees of severity in different patients:—

General indefinable debility and emaciation; a condition often of broken and impaired health, without any very appreciable cause; the muscular system easily fatigued and exhausted; sometimes so much palpitation as to lead to the idea of heart disease; the circulation weak, as shown by the coldness of the extremities, &c.; diminution of nervous and mental power and energy, with hypochondriasis, irritability of temper, very often impairment of the memory, sensations of prickling and semi-paralysis in the arms or



legs, and sometimes lesions of sense ; skin very generally dry and inactive, and in some cases eruptions appear upon it, cotemporaneous with, or vicarious of, the internal mucous irritation. The appetite, provided the mucous membrane of the stomach itself is unaffected, may be found scarcely, if at all diminished, but the patient complains of the food swallowed not producing any corresponding amount of strength or nourishment ; occasionally, again, there is marked dyspepsia ; often, but by no means constantly, there is a feeling of heat and rawness, in some part of the intestinal canal, and a feeling of uneasiness and distension rather than pain, in the abdomen ; the action of the bowels is sometimes comparatively normal or easily regulated, but they vary in other instances, both as to torpidity and irritability. The sleep is usually unrefreshing in its proportion to amount.

Direct evidence of the presence of, and tendency to, mucous eruptions in such subjects, can generally be obtained by carefully examining the state of the mucous membrane that is within sight. Spots of eruption, and sometimes small ulcerations left by them, will frequently be detected on the inside of the lips and cheeks, and on the gums and tongue. Much more frequently the palate and throat present, more or less distinctly, the appearances of chronic eruptive disease ; as likewise the mucous membrane of the nose. The tongue, with the mucous membrane lining the cheeks, is not unfrequently so swollen as to be marked and indented by the impression of the teeth. Sometimes, when thus enlarged, the tongue is whiter than usual ; but in other cases we see it red and irritable ; and, more rarely, one or more distinct and broad patches of eruption are seen on its surface. The mucous membrane of the mouth and throat seems often, in such cases, to be the seat of successive new crops of eruption ; and the variation in the general symptoms of the patient would appear further to show that such is also probably the history of the disease on its more internal sites ; those successive re-aggravations being sometimes accompanied by a slight degree of chronic feverishness. Sometimes there is a kind of daily periodicity in the morbid sufferings and feelings of the patient.

The general principles of treatment are, as already stated, the same as those used in chronic skin eruptions.

The affection—particularly in its occasional periods of aggravation—is allayed by the use of lime or Carrara water, by aqua potassæ, by subnitrate of bismuth, by doses of nitrate or oxide of silver, or of oxalate or nitrate of cerium ; by bitter infusions, as that of quassia, with the addition of two or three drops of medicinal prussic acid ; by the cold infusion of Virginian cherry bark, &c. But these medicines act perhaps principally as local sedatives to the diseased mucous surface.

As curative constitutional remedies in this affection, I have seen most advantage from the salts of cerium, from the use of pitch pills, or capsules of tar, and from the preparations of arsenic.

The preparations of pitch or tar have always seemed to me most useful when they produced their characteristic scarlatinoid eruption on the skin.

But most reliance ought, so far as I am able to judge, to be placed on small and very long-continued doses of arsenic, as two drops of Fowler's solution, or a pill containing the sixtieth of a grain of arsenite of potass, taken three or four times a-day. Either preparation should be taken with or after meals; and it is, I believe, infinitely better and safer to trust to the curative effect of the long continuance of such small doses of this remedy, than to arrive at the same result by throwing in larger doses for the same period.

After a length of time, and when the general symptoms are much abated, a more direct tonic, as quinine or iron, may be added to the cerium, pitch or arsenic. But at first all tonic remedies appear to be entirely useless, or to lead even to the aggravation of the morbid state of the patient.

The diet requires to be regulated by the usual rules applicable to dyspepsia. But animal food, in a concentrated form, is often required to sustain the strength, provided it does not irritate. Wine or stimulants very seldom are of benefit. The state of emaciation is sometimes improved by food containing large quantities of fat, as cream, butter, olive and cod-liver oil, &c. When the patient's stomach will not bear or digest such fatty matters, I have seen the daily inunction of two or three ounces of warm olive oil, into the general surface of the skin, followed by the very best effects upon the health and strength of the patient.

Most remedies will fail to produce a permanent remedial effect, unless the state of the skin be attended to, and its healthy condition restored by frequent sponging with warm water, or with warm stimulating lotions.

Lastly, external counter-irritation over the abdomen seems to be an auxiliary means of almost indispensable necessity. A mustard poultice every night at bed-time forms one of the best and simplest means of effecting it; or external counter-irritation with stimulating liniments, or with croton oil, or antimonial ointment, or a strong tincture of iodine, &c., may be used to fulfil this important indication.

From the nature of my practice, I have seen the disease far more frequently in the female sex, and often in patients suffering under obstinate leucorrhœa, vaginal eruptions, and other uterine diseases. But it also often occurs in the male subject, and especially, as it has appeared to me, in men who, like clergymen and others, are subjected to an unusual amount of intellectual work or mental anxiety.—(*April, 1855.*)



**Hospital Reports.****MASSACHUSETTS GENERAL HOSPITAL.**

*Fracture of Necrosed Femur.*—(Under the care of Drs. H. J. BIGELOW and CLARK. Reported by CHARLES E. STEDMAN, House-surgeon.) Mary S., æt. 18, Irish, entered Dec. 20th, 1854. For the last three years she has had necrosis of the right femur, with fistulous openings, which closed up, but again opened eight weeks ago. Yesterday, while sitting in a rocking-chair, she attempted to move around in it, but was thrown over, and fell on her right side, the chair falling on her.

When admitted to the Hospital, twenty hours after the accident, she was much frightened, and screamed at the lightest touch; so that it became necessary to etherize the patient, when a fracture at the middle of the shaft was detected. There was also a fistula about three inches above knee, through which no dead bone could be readily found. The leg was placed on a Desault's splint.

The next day she was comfortable. Some discharge from opening in thigh; bowels open; passes urine naturally. Dec. 24th, the discharge being profuse, and the apparatus not convenient for dressing the limb, the leg was placed on a Goodwin's double inclined plane. Dec. 27th, limb in good place, though it cannot be examined, from the great pain it gives her. Discharge from fistulous opening profuse. Bowels costive. Jan. 4th, bowels confined; cheeks flushed; skin hot; white coat on tongue. Much relief after cathartic and enema. Jan. 7th, pulse 104; tongue brown; cheeks flushed; bowels very torpid. 8th, no dejection from cathartics or enema. Pulse 110; aphthæ about mouth; tongue brown, dry, cracked and sore; teeth dry; thirst; epistaxis; no appetite; profuse and fœtid discharge from sinus.

She improved and recovered her appetite till Jan. 21st, when the discharge was very profuse and bloody; the cheeks flushed; tongue brown; bowels confined. Jan. 23d, dejection this morning. The thigh being examined by Dr. H. J. Bigelow, was found to have a sinus running upon the inside, nearly to the pubis. The discharge is of a more healthy character. Jan. 24th, pus is now of a more healthy appearance. Has compression by adhesive straps, applied to the inside of the thigh, with marked benefit. Jan. 29th, has not menstruated since entrance. Had free epistaxis yesterday.

February 21st.—Applied Desault's splint, with a bow opposite the fracture, to allow of easy dressing of the wound. March 9th, the old opening is closed, and an abscess is formed just above it. March 14th, very little discharge. Thigh somewhat curved outward. March 20th, thigh growing straight, pressure being applied on the outside. March 21st, apparatus removed. Union firm; leg straight, shortened one inch. Discharge continues, though not very profuse. She sits up, and is gaining flesh. Remains under treatment for necrosis, no loose bone being detected.

*Concussion of Brain; Death; Autopsy; Fracture of Kidney.*—(Under the care of Dr. CLARK. Reported by CHARLES E. STEDMAN, House-surgeon.) John K., æt. 32, was admitted April 13th, at 8, A.M., two hours after accident, which was caused by patient jumping from the cars while they were in rapid motion, to recover his hat—and falling with his head on the rail. He has been an intemperate man, though, it is said, he was not drunk when he was hurt. When taken from the carriage he had a propensity to

pitch forward, as he was carried into the house on a chair. He is unconscious; eyes closed, pupils oscillating, though dilated; pulse 60, full. Puts his hand to his head when the wound is touched. Breathing labored, and, at times, stertorous. There is a hard, circumscribed swelling on the forehead, over the right eyebrow; a little cut at the lower part of this, bleeds freely. Another lacerated wound in the middle, upper part of the forehead. No fracture can be detected. He was sent to the new ward. Two hours later, the patient became so violent that it was necessary to confine him to the bed. Pulls forcibly at his pubes, and in his struggles is inclined to twist his body to the left. Grows quiet at times, but on being touched, begins his convulsions again. 7, P.M., pulse 120, soft. Profuse, warm perspiration. *R.* Ol. tigllii, gtt. ij.; mucil., q. s. *M.* This produced no effect. Struggles continued.

14th.—Pulse 140. Perspiration still abundant; no dejection; rattling in throat; jactitation continues, though his struggles are feeble. Swallows water when it is given to him.

15th.—Died at 8, A.M.

*Autopsy*, made by Dr. ELLIS, 7 hours after death.

*Head*.—On incising scalp, an effusion of blood was noticed between the bone and the scalp on the right side, and extending from median line to ear, and from posterior part of temporal muscle to orbit; also between right temporal muscle and fascia. *Skull* thin; not more than two lines thick anteriorly, and at thickest part posteriorly not more than three lines; very little diploe. On incision of *dura mater* on both sides, considerable bloody serum escaped. A marked effusion of thin, liquid blood, under the arachnoid, covering posterior part of hemispheres and *cerebellum*. Traces of like effusion anteriorly. Substance of brain, firm and congested, with dotted effusions of blood, and spots of ecchymosis like those of apoplexy, which were found extending nearly down to the lateral ventricles. In the ventricles were found 3j. or 3ij. of bloody serum. Parts immediately around, particularly posterior and superior walls, were softened. Great congestion of membranes covering posterior lobes and *cerebellum*, in which there were two or three punctured effusions. No fracture of skull was discovered.

*Heart*, large and healthy, weighed 12½ oz.

*Lungs*, very much congested in lower lobes; *left* weighing one lb. 5½ oz. —*right*, 2 lbs.

*Liver*, healthy; weighed 8 lb. 12 oz.

*Spleen*, natural.

On lifting intestines on right side, a large quantity of coagulated and fluid blood (by estimate Oij.) was found effused into the spaces about the organs lying between the liver and lower part of the brim of the pelvis, and infiltrated beneath the peritoneum in all directions. The hæmorrhage proceeded from the left *kidney*, which was found to be fractured on both its sides—the fracture beginning at the point of departure of the vessels, and extending through the substance of the organ to the depth of from 1-8 to 1-3 of an inch—horizontally on one side for ½ inch, and on the other quite across, both being filled with firm coagula.

*Stomach*.—A finely-marked ramiform and pointed injection of the mucous membrane was observed, extending two thirds around the organ in the smaller curvature.

*Bladder* natural, and half filled with healthy urine.

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*Case of Arachnitis; Death; Autopsy*.—(Under care of Dr. SHATTUCK. Reported by S. FOSTER HAVEN, JR., House-physician.) March 29th.—



Thos. B., æt. 54, married; civil engineer; Eng. Entered March 27th, 1855. Arrived in this country on 17th, per steamer. Is reported to have drunk considerably during voyage. Had intermittent fever shortly before coming. Says he was well when he embarked. Has lived in Russia twelve years. Soon after arriving, took to bed at hotel, where he remained till brought here. On entrance was found with pulse 110; skin nearly natural; inappetence; thirst. Took comp. aloes draught, followed by three dejections. Is now in a semi-delirious state. Action of mind slow, and not at all excited. Occasionally makes a voluntary remark in a deliberate manner. Pulse 120. Says he has no pain. Quiet during night. Reports having slept well. Perspired considerably, and was feverish yesterday. Not disposed to take anything but ice-water. Passes urine involuntarily. Tongue dry in centre, with brownish coat. Abdomen full and resonant. No dejection. Physical signs not remarkable. *R.* Liq. ammon. acet., ℥ij.; tinct. hyoscyamus, ℥j.; elix. opii, gtt. xv. ter die.

30th.—Is quiet. Slept considerably, but still is in a semi-delirious state, passing urine involuntarily.

31st, 1, P.M. Died.

*Autopsy.* By Dr. Ellis.

*Head.*—Dura mater unusually thick and dense, these changes being noticed particularly on incision. Slight milky opacity of arachnoid, covering the convexity of the hemispheres. Quantity of arachnoid fluid greater than usual. Meningeal vessels well filled with blood. Substance of brain more firm than in ordinary cases. Lateral ventricles distended by upwards of ℥jss. of clear serum.

Other organs not remarkable.

On Saturday, April 21st, Dr. Clark operated on a nævus of the upper lip, in a child 5 months old. The tumor was the size of a chestnut, and in its growth had pushed aside the tissues, so that the lip itself was little involved. The child having been etherized, Dr. Clark made an incision through the skin on each side of the tumor, and passing a needle, armed with a double suture, through the lip, above the nævus, tied it on each side firmly.

The two patients on whom the operations of rhinoplasty were performed, which were done, the first by Dr. J. Mason Warren on the 28th March, and the other by Dr. H. J. Bigelow on the 31st, are both doing finely.

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### Bibliographical Notices.

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*Anniversary Discourse before the New York Academy of Medicine.* By John H. Griscom, M.D. New York, 1855. Pp. 58.

This discourse is of a popular nature, and well adapted to enlighten the public on the importance of hygiene and sanitary reform. The great amount of gratuitous medical service rendered in New York is shown, and the vast patronage extended by the public to charlatans, many of whom have accumulated enormous fortunes by the sale of nostrums confessedly inert, or deleterious. The concluding portion of the pamphlet is an exposition of the causes of disease, and the means of preventing it. The following extract is striking, and gives an idea of the character of the discourse; the writer is speaking of the mortality of New York city in 1853.

"There were 29 deaths from *Intermittent Fever*, the origin and mode of prevention of which are almost mathematically demonstrable. *Cholera Infantum* destroyed 922 lives, of which it is safe to say 900, under different relations of life, might have been saved. *Smallpox* gave 681 to the grave, and from the known ratio of the mortality of this disease, nearly 7000 more were rescued from it, only to carry its footprints indelibly impressed upon their features through life; all of which could have been avoided by a universal enforcement of a prophylactic measure, as well known as it is simple and efficacious."

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*Discovery of the Cause, Nature and Prevention of Epidemic Cholera.* By M. L. KNAPP, M.D., Prof. of Materia Medica, etc. etc.—[Reprinted from the N. Y. Journal of Medicine.] 1855. Pp. 27.

We wish that this pamphlet had come to hand a few days earlier, as in that case our readers might have been spared the lengthy Review which we inflicted upon them in our last number upon the *then* unsettled question of the contagiousness of cholera.—As "Professor Knapp" sets aside in summary terms all other theories and facts but his own, and has such confidence in his "sound logic" and in the evidence he derives from "twenty cases of cholera observed at Pittsburg, Pa., on the 25th and 26th of Sept. 1854," that "all doubt of the correctness of his views" is thereby removed, "the matter reduced to certainty, theory to knowledge, and this discovery incorporated into the pages of medical literature among the established truths of medical science,"—we decline any extended exposition of the doctrine. The truth is, we are *quasi* stunned by this revelation, so *modestly* expressed! And we are mortified when we reflect upon the arduous labors of so many giant intellects which have become so utterly useless in view of this discovery enshrined in 27 pages. Briefly, cholera is announced to be only "*a modified form of scorbutus*"; "a hæmorrhagic termination, or a manifestation of the dying phenomena of scorbutus."—For "dying manifestations" of a disease, the fearful symptoms of cholera are rather energetic! However, so are the struggles of the whale, *in extremis*.

We are forced to disagree with the writer in considering this said discovery proved as fully as is the fact "that the sun is the centre of the solar system, &c. &c." If, as Prof. Knapp asserts, "cholera is a messenger of death riding *always* on the time-honored steed scorbutus" (dreadful image!), we are at a loss to imagine the culpable negligence of the profession in failing to recognize the mode of travel adopted by the terrible visitor.—To what a vast degree must scorbutus prevail, unsuspected, and always conveniently in cholera years. That it may not infrequently be found in those attacked with cholera we can readily believe, but that it is the universal cause thereof and explains the symptoms, progress and fatality of the disease, is simply absurd. Cholera may and doubtless would nearly always attack the scorbutic; they are predisposed by the taint they bear; but that each and all of the countless victims of cholera are antecedently scorbutic, *non est credendum!* We admire the author's ingenious rendering of the facts he cites, but must still await proof that he has "been made," as he says, "the humble instrument of explaining the matter." As to the assertion that vegetables and fruits have hitherto been used in restricted quantities just previous to epidemics of cholera (the required conditions for the production of general scurvy), we do not believe it to have been the case; the reverse, rather, is true; and moreover in nearly all the instances of the prevalence of cholera, there are multitudes who neglect even moderation in



the use of fruits and esculents. It is very true that if this writer's explanation be correct, "cholera is divested of all its terrors;" demonstration must be strong to convince us, and therefore we pause until "the true philosophy is so disseminated that the wayfaring man though a fool need not err therein." (*Author*, p. 27.) It would be a discovery worthy to be ranked with the mightiest ever made, could we even hope for its ratification.

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*Experimental and Clinical Researches on the Physiology and Pathology of the Spinal Cord and some other parts of the Nervous Centres.* By E. Brown-Séquard, M.D., Prof. of the Institutes of Medicine and of Medical Jurisprudence in the Med. College of Virginia.

This is an exceedingly interesting and valuable account of Professor Séquard's researches in the particular branch of medical science to which he has devoted so much attention. Everything from his pen upon the Physiology and Structure of the Brain and Nervous System gives evidence of the most careful consideration and unwearied study. Having witnessed his experiments we can testify to their entire success and very satisfactory nature. His reputation is already so widely extended, that we need only call attention to the above production to ensure its perusal by all who are interested in the investigation of these questions; and surely every practitioner who desires to take advantage of all the aids to physiological discovery which so greatly tend to the true interpretation of disease, will avail himself of this opportunity. We observe among other subjects that of "*alleged voluntary movements and apparent existence of sensibility in children apparently deprived of the cerebro-spinal axis.*" In declaring the movements of such monsters to be "without doubt purely reflex," and to "have been mistaken for voluntary movements," Professor Séquard illustrates his opinions by cases (among several by Olier, St. Hilaire and others), selected from "the very rich and interesting catalogue" of the Boston Society for Medical Improvement, "for which science is indebted to the zeal and activity of Prof. J. B. S. Jackson." The cases chiefly referred to were reported by Prof. O. W. Holmes (record of a case of *Acephalia*) and Dr. C. T. Hildreth (*Amyclencephalous*). Prof. Séquard (foot-note to page 39) regrets that the reporters of certain cases (*Catalogue sup. cit.* Nos. 776, 778, 781) have not stated "if the mothers of the monsters they describe had felt them move during the last days of pregnancy." Inquiries of this sort are so easily made that it is to be hoped the information may be obtained in future cases. We notice that this valuable paper has been contributed to the pages of the "Virginia Medical and Surgical Journal," and we congratulate the Medical College of Virginia upon its acquisition of so accurate and industrious a teacher as Dr. Séquard.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 3, 1855.

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### THE CASE OF DR. S. T. BEALE.

IF the present Editors of the Journal have hitherto been silent respecting the verdict and sentence of this unfortunate individual, it has only been because they have been awaiting further developments which would satisfy them of the entire justice of his condemnation. In the memorable case of

Dr. Webster, the strongest belief in the innocence of the prisoner was expressed during the trial in various parts of the country, and even after his conviction he was compassionated as the victim of conspiracy or of persecution. If we recollect right, sentiments like these were expressed in more than one Philadelphia newspaper of the day, and were easily explained by an imperfect acquaintance with the evidence in the case, which established the guilt of the defendant in the most unequivocal manner. After waiting now some months for further developments, we cannot learn than any facts relative to the guilt or innocence of Dr. Beale have been made known since the reports of the trial first reached us. We cannot discover that any examination was ever made of the plaintiff to ascertain *whether a rape had even been committed upon her*; it still appears certain that the only witness was in a state of etherial intoxication during the time the pretended crime took place; and we believe that the great weight of medical authority goes to prove that patients while in that state may, and often do, labor under extraordinary delusions.

It has lately appeared that besides the monstrous injustice of trying a man without even endeavoring to ascertain whether the crime alleged against him had been committed at all, certain proceedings in this case were technically illegal. The Philadelphia Bulletin of April 3d contains the decision of Chief Justice Lewis, respecting a motion made for a writ of error, in which the learned judge says, "it appears by a copy of the record accompanying the application, that the jury, instead of being sworn in the usual form to try the cause and render a true verdict 'according to the evidence,' was sworn to 'try the guilt or innocence of the defendant.' It also appears that instead of being sentenced to 'solitary confinement at labor,' he was sentenced to 'imprisonment at hard labor.'" The writ of error was allowed by the Court, for the purpose of hearing counsel on these and other questions. With legal technicalities we have nothing to do, nor have we space to allude to the unsatisfactory character of the evidence; otherwise, we might enlarge on the conduct of the plaintiff after her alleged violation, as being the very opposite to what we should expect under the circumstances; on the fact that she was on the point of menstruating at the time, which circumstance, and possibly the anticipation of approaching marriage, may have aided in giving a peculiar direction to the delusions produced by the inhalation of ether. It is only in a medico-legal point of view that we wish to speak, and to utter our protest against the conviction and sentence of S. T. Beale; 1st, Because there is no evidence that the crime of rape was committed except the assertion of the plaintiff; and 2d, Because the only material testimony was given by a person whose condition rendered her an incompetent witness.

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*Fatal Mistake by a Druggist.*—A child of four years old, in New York City, while ill with scarlet fever, took, on the 9th ult., about seven grains of tartar emetic, the medicine having been put up by mistake instead of the *pulvis antimonialis*. The child died in about 24 hours. The apothecaries who sold the medicine have published an explanatory card.

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*The Potato Disease.*—Mr. W. Fugote, of Kinderhook, Ind., claims the reward of \$10,000 offered by the Massachusetts Legislature for a discovery of a preventive of the potato rot. He says the cause is a bug, and the prevention consists in cutting off the vines, before they shed their blows, about three or four inches above the ground, removing all the leaves.



*Medical Miscellany.*—A verdict of \$1,500 has been recently rendered in the Supreme Court against Dr. S. C. Hewitt, an irregular practitioner of this city, in an action for malicious prosecution.—The next annual meeting of the Superintendents of American Lunatic Asylums will be held in Boston on the fourth Tuesday of May current.—A bill is before the legislature of Pennsylvania, providing for the appointment of three Medical Censors, who shall examine the qualifications of all medical practitioners; any who do not appear before the Censors to be examined, to be deprived of the right of legally collecting their fees. \$25 to be paid for a certificate of examination; and for an annual re-examination afterwards, \$5 each!—There are two vacant professorial chairs in the Rush Medical College, Chicago.—The Edinburgh Monthly Journal of Medicine is hereafter to be published by Messrs. Sutherland & Knox.—The Royal Infirmary, Edinburgh, is in debt to the amount of £10,318. A public meeting has been held in that city to collect funds to liquidate the debt.—A new and enlarged edition of Prof. Gross's work on the Urinary Organs is in the press at Philadelphia.—Among the 1383 deaths in London, week ending March 24th, were 16 by cancer; 10 hernia; and 3 intemperance.—Dr. Thompson, of Albany, has been appointed Health Officer of the Port of New York, and Dr. Martindale, of Staten Island, his deputy.—Dr. C. D. Griswold is to be associated with Dr. D. M. Reese, in the editorial management of the American Medical Gazette, New York.

#### NOTICES.

*Communications received.*—On the Contagion of Puerperal Fever; Notice of the late Dr. Geo. T. Barrows; "There is nothing new under the Sun;" A letter concerning a report of a Case of Rapid Recovery of Pneumonia. We received, a short time since, a communication on the subject of Infantile Convulsions, purporting to be written "for the Boston Medical and Surgical Journal." We were not a little surprised to notice, almost simultaneously with the reception of the manuscript, the same article in the "Medical Counsellor." We presume that the author of the paper was not aware of any impropriety in sending his article to two Journals at once; it is, however, considered a breach of etiquette to do so, and of course must be the source of misunderstanding between editors, who have been thus led to accuse each other of copying articles without acknowledgment.

*Books and Pamphlets.*—The American Eclectic Practice of Medicine, by I. G. Jones, M.D., late Professor of Theory and Practice of Medicine in the Eclectic Institute of Cincinnati: vol. ii., &c. Cincinnati, 1854. (From the Author.)—Surgical and Miscellaneous Papers on Medical Subjects, by George Hayward, M.D. Boston: Phillips, Sampson & Co. 1855. (From the Publishers.)—Transactions of the New York Academy of Medicine, Vol. I., Part III.; containing a Report on Solidified Milk. New York: 1855.—The Profession, its Benefits and Rewards. An Address before the Penobscot County Medical Association, by J. C. Bradbury, M.D. Bangor: 1855.—Report on Insanity and Idiotcy in Massachusetts, by the Commission on Lunacy, under the Resolve of the Legislature of 1854. Boston: 1855.

On account of some misunderstanding with the printer of the plate illustrating Dr. Dix's interesting article in last week's Journal, we were not furnished with copies in season for our whole weekly issue, and a few are therefore sent in the Journal of to-day. Subscribers who now receive them will find it to their advantage to secure the plate in some way opposite to the page of the Journal referred to upon it.

In a number of copies of the last number of the Journal, p. 245, last line but four, for "reference," read "attributable."

DIED.—At Haverhill, March, 1855, Dr. Rufus Longley, aged 59.—At East Bridgewater, April 28th, Dr. Hector Orr, a highly respectable physician, aged 86. The deceased was a graduate of Harvard College in the class of 1792.

*Deaths in Boston* for the week ending Saturday noon, April 28th, 75. Males, 43—females, 32. Accident, 1—apoplexy, 1—inflammation of the brain, 1—disease of the brain, 1—congestion of the brain, 2—consumption, 16—convulsions, 4—croup, 4—cancer, 1—dysentery, 1—dropsy in the head, 2—drowned, 3—debility, 1—infantile diseases, 4—puerperal, 1—epilepsy, 1—typhoid fever, 2—scarlet fever, 5—congestion of the lungs, 1—inflammation of the lungs, 4—marasmus, 1—old age, 4—pleurisy, 1—palsy, 2—rheumatism, 1—scrofula, 2—smallpox, 2—teething, 3—tumor, 2—tubercular meningitis, 1.

Under 5 years, 34—between 5 and 20 years, 7—between 20 and 40 years, 20—between 40 and 60 years, 3—above 60 years, 11. Born in the United States, 51—Ireland, 14—England, 3—Germany, 2—British Provinces, 1—at Sea, 1—other foreign places, 2—unknown, 1.

*Case of Gastrotomy.*—The remarkable case alluded to on page 188 of this volume of the Journal, in which a bar of lead, 10 inches in length, was accidentally swallowed, and removed from the stomach by a surgical operation, is fully reported in the Philadelphia Med. Examiner, by Dr. T. B. Neal, of Columbus City, Iowa. Dr. Bell, of Wapello, was the operator in this unique case.

A bill to prohibit the sale of poisonous substances has been reported to the legislature of Massachusetts.

*The Libel Suit between Dr. Draper and Dr. Reese.*—The New York Daily Times publishes an extract from the forthcoming number of the American Medical Gazette, containing a statement of Dr. Reese, who says that on ascertaining that an untrue statement relative to Dr. Draper was published in his Journal, he immediately wrote to Dr. D., regretting the injustice which had been done to him, and promising ample reparation in the next number. Dr. Reese denies having ever seen the "document" which Dr. Draper says he refused to sign.

*New York Slaughter Houses.*—An effort has been making to remove all the slaughter houses below Fiftieth Street in New York City. The Committee on Public Health reported that the practice of slaughtering in the thickly populated districts was a serious nuisance to the inhabitants, and detrimental to public health, and reported an ordinance for its prohibition. The interest of the butchers, however (who are said to amount to *fifteen thousand*), was so strong as to defeat the passage of the ordinance.

*St. Louis Medical College.*—This Institution was formerly a department of the St. Louis University, but has lately become incorporated as a separate College. A meeting of the Board of Trustees was held April 9th for the purpose of organization, Col John O'Fallon, President of the Board, being in the chair. The following gentlemen were appointed members of the Faculty of the College.

M. L. Linton, M.D., Professor of the Principles and Practice of Medicine.

A. Litton, M.D., Professor of Chemistry and Pharmacy.

Charles A. Pope, M.D., Professor of the Principles and Practice of Surgery and Clinical Surgery.

M. M. Pallen, M.D., Professor of Obstetrics and Diseases of Women and Children.

R. S. Holmes, M.D., Professor of Physiology and Medical Jurisprudence.

W. M. McPheeters, M.D., Professor of Materia Medica and Therapeutics.

Charles W. Stevens, M.D., Professor of General, Descriptive and Surgical Anatomy.

John B. Johnson, M.D., Prof. of Clinical Medicine and Pathological Anatomy.

*New York Medical College.*—The Trustees of the New York Medical College have elected Dr. Henry G. Cox (President of the Board and Physician-in-Chief to the Emigrant Hospital at Ward's Island) to the Chair of Theory and Practice of Medicine and of Clinical Medicine. Dr. Horace Green had resigned the Chair which is thus filled, and is elected Emeritus Professor. He will hereafter give a special course on Diseases of the Respiratory Organs. Dr. Peaslee is transferred to the Chair of Physiology and Pathology, and Dr. Parker to that of Anatomy. The election of Dr. Cox is highly honorable to him and is a good move for the College. As a Clinical teacher and thoroughly sound practitioner, we have high authority for saying he has few, if any, superiors among us.—*N. Y Daily Times*.

*Blighted Fetus at the fifth month retained and expelled with a Living Child at Full Term.*—By WM. M. BELT, M.D., of Independence, Mo.—I was called on the 23d day of January, 1852, to see a girl in the employ of Hiram Young, of this place, supposed to be threatened with abortion. She stated that the waters had escaped; there was slight hemorrhage and strong uterine pains. I kept her in a recumbent position, and gave a mild cathartic. In five or six days she was able to walk about the house, and soon recovered her usual health. On the 21st of May following, I delivered her of a healthy child. In tracking the cord for the placenta, I came in contact with a *dead fetus* of five months.—*Am. Journal of the Medical Sciences*.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## “SURGICAL REPORTS.”\*—A REVIEW.

[Communicated for the Boston Medical and Surgical Journal.]

IN a former number we called attention to a valuable re-publication by one of the professors in the Medical School of Harvard University. Others, whose opinion we value, have confirmed the views then taken; the work has been favorably received by the public. As its author has recently retired from public teaching, we will venture, in passing, to add ours to the many stronger and more influential voices daily heard around us expressing the hope that the pen which has done so much for rational medicine, and already effected such a change in medical opinion and practice, may not be laid aside. *Est enim non solum magna verum aureola.*

And now we are glad to have the opportunity again of performing a similar service for the readers of this Journal. Another gentleman, formerly a member of the same Faculty, and who in a higher department of the University still continues to exercise an effective influence on the best interests of the medical college, has also just re-published a collection of some of his many papers on topics of interest which have occupied the medical world during the forty years of his professional life. These papers relate chiefly, though not exclusively, either to surgical matters, or to such subjects as occupy a middle ground between medicine and surgery; and being almost entirely of a practical character should attract the attention of every actively-engaged practitioner.

Under the unassuming title of Reports, Dr. Hayward in the first two chapters of this re-print comments at some length on many of the more common surgical complaints for which relief is sought in the Massachusetts General Hospital. Among those mentioned we may cite Erysipelas, Amputations, Dislocations, Hip Disease, Hernia, Inflammation of Hernial Sacs, Hydrocele, Ligature of Arteries, Bursal Inflammation, Burns, and Tenotomy. His remarks are always given in plain, unadulterated English, and form

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\* Surgical Reports, and Miscellaneous Papers on Medical Subjects. By George Hayward, M.D., President of the Massachusetts Medical Society; Fellow of the American Academy of Arts and Sciences; late Professor of Surgery in Harvard University; and one of the Consulting Surgeons of the Massachusetts General Hospital. Boston: Phillips, Sampson & Company. New York: J. C. Derby. 1855. 12mo., pp. 452.

in this respect a striking contrast to the Greco-Germanic combinations which cover the pages of many medical publications. The latter style may possibly be taken for "fine writing," but it is not very convenient for the student or the hurried practitioner to keep open at his side half a dozen dictionaries to unravel an obscure compound, nor very soothing to the irritation excited to find after all that a simpler, though perhaps rougher, English phrase would have been more expressive and emphatic.

As a compend of the results of individual experience unmingled with speculations or hypotheses, either his own or of others, these Reports are particularly valuable. Dr. Hayward speaks of what he has seen and done himself, and the reader can feel assured that nothing is exaggerated or introduced for effect—a great desideratum in medical writings. How many swollen octavos, if deprived of their useless verbiage would shrink into less than the five pages which contained the quintessence of all the huge volumes—the life-work of the Old Man of the Sea.

We can only refer to a few points embraced in these papers, which must be diligently read to be fully appreciated.

In his remarks on erysipelas, after a few words on prevention and ventilation, Dr. Hayward details his method of treatment. This is sufficiently active. He discriminates, however, between the different stages of the disease as well as the different classes of patients affected by it. Regarding it as a constitutional affection, he makes little account of local applications. His candid admission of their inefficacy to arrest even its outward progress came rather unexpectedly at the time of its first announcement, but other reliable observers have since added their testimony to the same effect. He enumerates some of the more important of these applications, each of which had of course been duly supported by remarkable cases. They have apparently had their day, but there are now still others supposed to be in the full tide of successful experiment. That these last are destined to fall into the same category as their predecessors, there can be hardly a doubt. Even should any one of them prove to have the power of destroying the so-called "erysipelatous vesicles," these vesicles, if such there be of a peculiar kind, are no more the disease than cough is tuberculosis. If these things are so, let not the patient be tortured in the vain attempt to arrest the disease by hemming in its outward manifestations. Dr. Hayward thus spoke on this point seventeen years since.

"Local bleeding is the only topical remedy that I regard as of much value in the treatment of erysipelas. This opinion may excite surprise. Great confidence is placed by some in mercurial ointment, the nitrate of silver, diluted alcohol, lead water and cold lotions, while others prefer warm applications. I must confess that I have not been able to satisfy myself that any one of these has the slightest power of arresting the disease, nor much in mitigating its violence. My practice, therefore, is to use that which is most comfortable to the patient.



" The efficacy of local applications in erysipelas has probably been very much overrated. No one places any reliance on them in measles or smallpox, because they are constitutional diseases ; and does not the same reason apply with equal force to erysipelas ? Local bleeding is undoubtedly in many cases useful, but this cannot be regarded as a topical remedy only." P. 17.

To advert to another subject:—We had always supposed that most surgeons of any considerable experience had met with cases of spontaneous dislocation of the hip arising from hip-disease ; or, at least, we were not aware that the fact of such dislocations without superadded violence was ever questioned, until we saw the article on "*Coxalgia*" in the sixth volume of the *Transactions of the American Medical Association*. Dr. Hayward successfully sustains the correctness of his diagnosis on this point, both by his own cases and by the best authorities. No one who has ever treated a case where this luxation has happened, can doubt the position of the parts any more than he would the displacement after an injury. If the head of the bone after leaving the socket be still retained within the capsular ligament, as was found on dissection in Sir B. C. Brodie's case, we have an explanation of the ease with which the shortening is sometimes reduced.

The treatment of this terrible malady is succinctly set forth, and its principles clearly stated, in Dr. Hayward's paper. The reader will there observe that, in this vicinity at least, extension and counter-extension, of which so much account has since been made, were not new in connection with this disease many years ago. But we must pass to other topics.

The third chapter of the volume is a Report to the American Medical Association on the "*Radical Cure of Reducible Hernia*." While this Report effectually disposes of pretended discoveries, and administers a wholesome rebuke to secret operators, it gives a condensed account of the various methods heretofore practised and their results. The principles on which any permanent success may be hoped for are clearly defined, and, after a dispassionate discussion of the whole matter, the following conclusions are deduced, and offered in the name of the committee :

" 1. That there is no surgical operation at present known which can be relied on, with confidence, to produce in all instances, or even in a large proportion of cases, a radical cure of reducible hernia.

" 2. That they regard the operation of injection by the subcutaneous method as the safest and best. This will probably in some cases produce a permanent cure, and in many others will afford great relief.

" 3. That compression, when properly employed, is, in the present state of our knowledge, the most likely means of effecting a radical cure in the greater number of cases." P. 116.

We give our adherence, as the French say, to these conclusions. It may be worth while, however, to mention an operation of a no-

vel character, performed in Paris since the publication of Dr. Hayward's Report. The patient was a young man, with a direct inguinal hernia which could not be kept up by any contrivance. M. Maisonneuve was the operator. He passed the skin of the scrotum on the index finger of the left hand, glove fashion, into the inguinal canal as far as the finger would permit. He then made a longitudinal incision through the walls of the abdomen raised upon the end of the finger within its cavity. Through this opening the skin of the scrotum was forced, from within outward, then cut open on the tip of the finger, and secured by stitches to the edges of the first wound made in the abdomen. The finger was then withdrawn. The wound healed kindly. Ten days after the operation, the cutaneous canal, now occupying the hernial passage, was cauterized with nitrate of silver and nitric acid, to destroy its epidermis. This having been accomplished, twenty days after the first operation the skin of the scrotum was divided, allowing the portion filling the hernial canal to remain in position; and the large circular wound thus made was closed by sutures. The hernia was thus completely prevented from recurrence. The operation is said to have been in all respects successful; and there only remained linear cicatrices to mark the place of its performance.

There are probably but few physicians in this Commonwealth who have not read Dr. Hayward's "Discourse on some of the Diseases of the Knee-joint." It contains the gist of the whole subject; and although larger works have been distributed, it may be questioned whether any are more frequently consulted by the members of the Society before which it was delivered. It forms the fourth chapter in the present collection.

When Mr. Justice Buller, vexed by Mr. Hunter's apparent equivocation, asserted in his charge that "as to an apoplexy, it is not likely to attack so young and so thin a man as Sir Theodosius was," he merely echoed the prevailing notion of the day. Even Mr. Hunter was inclined to the same opinion, though some of his dissections had led him to qualify his statement. Had statistics of the disease been previously gathered and analyzed, the Judge might not have lost his temper, nor Capt. Donellan his life. Rochoux ascertained in sixty-three cases that twenty-three were thin persons, while only ten were fat and plethoric; the remainder being of the ordinary habit of body.

Statistics have wrought great changes in the opinions of scientific bodies as well as in those of the world at large. Until they were brought to bear upon the subject of amputations, surgeons were not accustomed to consider the operation so formidable as it has proved to be.

"Mr. Benjamin Bell, who wrote nearly seventy years ago, thought that not more than one patient out of twenty died on whom amputation was performed; and yet it has been ascertained that one out of four died in two thousand cases that occurred in civil practice in Great Britain, and one out of three in five thousand



cases in various parts of Europe. \* \* \* The only explanation of this startling fact is, that there were formerly no records kept of the results of these operations : there were no data upon which such an opinion as that of Mr. Bell could rest, except what were derived from vague impressions. 'The memory is apt to be treacherous with regard to unfavorable cases ; the successful ones are usually remembered, and too often published alone.' P. 143.

After quoting the results obtained by other compilers, which do not differ much from those above cited, Dr. Hayward gives at length a tabular statement of all the amputations at the Massachusetts General Hospital. Having added many judicious remarks, he concludes as follows :—

" It appears, then, from these tables that the whole number of amputations of large limbs that have ever been performed at the Hospital is one hundred and forty-six, on one hundred and forty-one patients. Of this number thirty-two died." P. 160.

Dr. Hayward's paper on the statistics of pulmonary consumption in Boston, New York, and Philadelphia, in another part of the volume, presents some results worthy of consideration. We can only refer to one or two points.

" The most striking fact brought to light by these tables, is the great decrease of deaths by consumption in these cities. 'This decrease has been great in all, but greater in Boston than in either of the others ; this is not only a relative but an absolute decrease, for the mortality has been somewhat more during the last ten years [i. e. from 1830 to 1840] than it was thirty years ago.'"

Remember this was before the introduction of cod-liver oil as a remedy in this disease. For the last ten years, from 1840 to 1850, a slightly different state of things has existed. Dr. Hayward, in the volume before us, has brought the tables down to 1851.

" \* \* Consumption has somewhat increased in Boston during the last ten years [1840 to 1850] ; and for this period this city has been surpassed by Philadelphia in its exemption from that disease. It will be remembered that, for the previous ten years, Boston had the advantage in this respect ; and it may be, even now, that the diseases peculiar to more southern climates may have swelled the amount of the whole number of deaths, giving the appearance of an advantage where little, if any, exists in reality." P. 307.

Time and space fail us to do more than name the chapters on " Amputation of a Part of the Foot," a new operation—" Division of Tendons"—" Ligature of the Carotid Artery"—" Wounds received in Dissection," wherein Dr. Hayward graphically describes his own case—" Cases of Vesico-vaginal Fistula," whose successful treatment has given Dr. Hayward a world-wide reputation—" Anæsthetic Agents," their history, comparative value, and safety—" Burns"—" Measles"—" Case of Hydrophobia"—" Paruria Inops"—" Legalizing Anatomy"—" Cholera," an elaborate article, showing its non-contagiousness—" The Medicinal Springs

of Virginia"—and "On some of the Diseases of a Literary Life," in which, at a time when phrenology seemed about to compromise the sanity of even a greater number than have the so-called "spiritual" delusions of the present day, it was maintained that "the doctrine is not only fraught with dangerous consequences, but that it is at variance with facts familiar to almost every physician."

The volume closes with two lectures delivered at the opening of the winter courses at the Medical School; one on the "Professional Trials of the Young Physician," and the other on the "Duties of the Medical Profession." These lectures are full of sound advice, and elevated views of professional duties and responsibilities. No young practitioner can rise from their perusal without firmer purposes and nobler resolves. We commend them especially to those who, failing of anticipated early success, are either tempted to vilify their calling or are tortured with sensitiveness and a feeling of jealousy towards others whom they consider more fortunate than themselves. We would gladly quote at length many useful suggestions from these lectures did space permit, but must content ourselves with this simple allusion to their contents, and a recommendation of them to all practitioners of medicine.

We have thus endeavored to give our readers, however inadequately, an idea of the varied contents of this valuable publication. Dr. Hayward dedicates the work to his former pupils, "affectionately." They are many, and scattered far and wide. Numbers of them will warmly welcome this new token of their teacher's regard. They know well the meaning of the expression he makes use of. No one ever stepped forward with greater heartiness or alacrity than he to assist a faithful student or struggling young beginner who by untiring application and patient self-sacrifice showed himself worthy of such kindly assistance. Many now in a successful and useful career, in high places even of the profession, owe much of their success and position to his friendly encouragement and substantial aid in the time of their earlier struggles. We doubt not that all into whose hands this volume may come will join us in the hope that, when the severity of recent sorrow is in a measure assuaged and a partial relief obtained from crushing affliction, some of his otherwise solitary hours may yet be given to the further advancement of the science he has illustrated, and to the instruction of those he has ever loved to teach.

B. E. C.

*May, 1855.*

#### OVARIAN CYST SUCCESSFULLY TREATED.

COMMUNICATED BY C. E. BUCKINGHAM, M.D.

I HAVE permission of Dr. Gilman Kimball, of Lowell, to give some account of a case of ovarian tumor, the operation for the removal



of which it was my good fortune to assist in. The subject of the operation, Miss ———, of Melrose, 25 years of age, had always been in good health up to the age of 18, when she first observed an enlargement of her abdomen. This enlargement began upon her left side, and though for some time it was of no peculiar inconvenience to her, began after a year or two to obstruct her respiration. When turning in bed from the left side to the right, there was a distinct sensation of a large body falling from one side to the other. The catamenia had never been disturbed. The digestive function was properly carried on, but of late emaciation had commenced. The respiration was becoming difficult; and notwithstanding an active disposition, she was beginning to be discouraged by the feeling that her usefulness was passing away. According to her account no encouragement had been given her, by the medical gentlemen who had examined the case, that an operation could be successful.

On the 26th of February last, I saw her with Dr. Kimball, by his invitation. The abdomen was enormously distended. The ovarian seat of the disease was made out by the history of the early progress of the case, by the nature of the fluctuation, and the form of the abdomen. The principal suffering was from the difficult respiration. The probable nature of the tumor, the probable and possible results, being fully placed before her, her reply was, "I will have it done on Thursday."

On Thursday, March 1st, the tumor was removed by Dr. Kimball; Drs. Parker and Phinney of Melrose, Dr. J. B. S. Jackson and myself being present. The patient was put under the influence of chloroform, so far as not to shrink on being pricked with the knife, the room being first heated to about 80°. An incision was made from the umbilicus nearly to the pubes, and the tumor exposed, bulging up through the wound. A large trocar was then plunged into it, giving outlet to a perfectly limpid serum. The discharge not being rapid enough, the tumor was laid open to the extent of three or four inches. The fluid was mostly saved, but one or two quarts must have escaped upon the bed and clothing. After emptying the sac, Dr. Kimball drew it out from the abdomen, an operation exceedingly difficult from the great atmospheric pressure, passed a double ligature through its base, which was tied on either side, and another about it. The pedicle, which was about as large as my thumb, was then cut through, and the sac removed. There were no adhesions, and though standing over the patient, I saw none of the abdominal contents except the tumor and the left Fallopian tube. Six or seven sutures were made in the integuments, and adhesive plaster was put on in every direction. In about thirty minutes the patient was removed to a dry bed, and got half a grain of morphia. The intention being to keep her as quiet as possible, after the operation, a dejection was produced before hand, and she was kept constipated for a week. Extract of opium in two-grain doses was given every

few hours, so as to keep her perfectly quiet, and the direction was to bring her into a state of narcotism, if symptoms of peritonitis came on. On the night of March 6th and 7th this accident occurred, but relief was got by the opium and warm applications, in the course of twelve hours.

The case proceeded favorably, and on the fifth of this month, thirty-six days after the operation, she rode out. I saw her on the 22d, at her father's house, in good spirits and looking forward to an out-of-town visit in a few days. The ligatures of the base have not yet come away, and they give her little inconvenience.

During the operation, only a few drachms of blood were lost. The amount of fluid, exclusive of what flowed upon the bed, was fifteen beer quarts. The tumor I have not seen since its removal, and am unable to state its weight. I understand that it is intended for the cabinet of the Boston Society for Medical Improvement.

This is not the first case in which Dr. Kimball has done this operation, and I believe two or three other gentlemen in New England have also operated in the same manner. It is to be hoped that all the cases, both the unsuccessful and successful ones, will be reported. The profession have a claim upon the operators for them all. Will not some one collect them? Their history would certainly make a monograph worthy to be published by the Massachusetts Medical Society.

*Boston, April, 1855.*

#### OLD AND NEW REMEDIES IN MEDICINE.

[Communicated for the Boston Medical and Surgical Journal.]

“There is nothing new under the sun.”—*Solomon.*

In the course of my medical reading, I have observed that many new discoveries in medicine, of the present day, were known to others many years ago. There was once a controversy in your Journal about which of the disputants originated the quinine practice in rheumatism. I do not just now remember the names of the parties, but one of them, I think, resided in Georgia. Now it is well known that Dr. George Fordyce used and recommended Peruvian bark in rheumatism with success. Bark or quinine has long been a popular remedy in neuralgia, and in Dr. Fordyce's day there was little distinction made between rheumatism and neuralgia. Nearly all cases were then called rheumatism. The fault now is on the other extreme, many cases of pure rheumatism being called neuralgia.

The new discoveries of percussion, auscultation and lithotripsy were known among the ancients in the infancy of medical science. I once made, as I thought, a discovery in removing foreign bodies from the ear, by a stream of warm water strongly injected into it, after the use of instruments had failed in several cases. But



in my subsequent reading I found that the same practice had been recommended before. I once thought that I had a new idea for the cure of hydrophobia, assuming that death is produced by spasm of the glottis, and that tracheotomy would afford relief; but in subsequent reading I found that Mayo had recommended the same practice. I have read of no case in which it was tried, but if ever I should be so unfortunate as to meet with a case of that awful distemper, I think I will try it.

Another discovery of mine has been anticipated by your correspondent "Michigan." I have long been of opinion, and have freely advanced it, that the use of alcoholic drinks prevents consumption. In a practice of twenty-five years, I have not seen a case of consumption in what is called a drinking man, nor have I heard of one. I am a temperance man in principle, and am fully satisfied that alcohol has done more harm than all the wars, famines and pestilences that have afflicted the world. I think the theory of its operation can be explained. The tubercular diathesis is incompatible with the state of the system in a regular toper. The pale, feeble and cachectic are most subject to tuberculosis, and the most beautiful and delicate of the female sex (and they never drink) are the special marks at which the insatiate archer aims his phthisical darts. The tubercular deposits seldom take place until after the system is partly broken down by want of nutrition, or by exhaustion from some cause. Respiration and animal heat are kept up by carbonaceous matters being taken into the blood, to combine with oxygen in the lungs and tissues. Alcohol finds its way here with the greatest facility, not requiring the tedious and often difficult process of assimilation. Cod-liver oil, too, perhaps, acts in a similar manner on similar principles. I must not be understood as recommending drunkenness, hardly to save life. I should be pleased to see the experience and observation of others on this point in the Journal.

WM. A. GILLESPIE, M.D.

*Louisa Co., Va., April 16, 1855.*

#### DENTAL HEMORRHAGE.

BY A. A. BLANDY, D.D.S., M.D., OF BALTIMORE, M.D.

[Communicated for the Boston Med. and Surg. Journal.]

HAVING read in a recent number of your valuable Journal (for March 22d) an article headed "*A new cure for obstinate bleeding following the extraction of a tooth*," by Dr. Samuel A. Cartwright, and having treated many cases successfully by the means the author prescribes, I feel confident of the error in making a general application of his method of treatment as laid down in this article; I beg the privilege of briefly reviewing the same; and of offering means by which the most obstinate cases of *dental hemorrhage* can be certainly suppressed.

In 49 cases out of 50 the bleeding is caused by the rupture of vessels which enter the apices of the fangs of a tooth ; or it may occur from the rupture of many minute periosteal vessels which under peculiar circumstances may invest a tooth in its socket, these vessels not possessing sufficient power of contraction, when lacerated, to prevent the blood from being ejected ; or, the condition of the blood being such as to prevent the usual coagulation ; or it may take place from the injury of large capillary vessels sometimes found in the gum surrounding the alveoli. We are not aware of the existence of vessels within the substance of the alveoli sufficiently large to cause dangerous hemorrhage, and therefore cannot enumerate such as a source of this trouble, as the writer under consideration seems to infer.

But the means by which such events are brought about in the rupture of any particular vessel, can scarcely be regarded as important, the great object being to act upon the lacerated part, which from some constitutional cause is in a too weakened condition to endure a suppression of the hemorrhage. The gentleman states that the "Frenchman could not understand why lateral pressure on the outside of the cheek should have any effect in arresting the hemorrhage," and that "he failed to make him see the rationale of the process." Now we are like the Frenchman, we cannot see the philosophy of this lateral pressure, nor can we see the analogy between this means of arresting dental hemorrhage and that grand process which nature adopts in uterine hemorrhage, by bringing all her powers to bear in forcibly contracting the uterus in all its parts at the same time, in other words, of contracting all its fibres around the bleeding orifices ; whilst the pressure of the tourniquet can only affect the external side of the alveolus, and that through a soft pad upon a soft lip and gum, which if made to press against the bleeding vessels, may suppress the hemorrhage ; and yet we cannot but conceive it might be made more direct and convenient, admitting that there may be found cases of bleeding arising from external superficial vessels.

Granting that the gentleman is correct in his position as regards the "expanded parietes of the alveolar walls," how does the application of the tourniquet upon the outer surface affect the inner ? or does he mean to infer that mere external pressure is sufficient to produce compression upon the inner wall ? How does the pressure apply itself to the injured aperture when supported anteriorly and posteriorly by firm and unyielding bone and teeth ? How will this pressure affect the vessels oozing out a strong flow of blood from the lowest depths of the socket, where the alveolus does not extend to, but which is a part of the maxilla proper ? How could it affect the vessels of the gum found on the interior walls of the alveolus ?

If we may be allowed, we would charge the writer with misinterpreting the authorities he consulted, or of having applied to bad ones ; for the treatment of dental hemorrhage as laid down by



modern authors is philosophical and abundantly established by the great experience of the many, so that it is no longer regarded, in the hands of scientific men, as a case of much danger or magnitude. We do not think he has given the plan that is most generally adopted by the dental profession, viz., to make compression upon the whole surface of the socket and gum on either side, by using a metal cap which extends down as far as possible on both sides; this cap is lined with cotton wool saturated with tannic acid or some powerful astringent or caustic, as the case may be; the cavity is well filled with the saturated cotton, and the cap placed on and held firmly in this position by means of the mouth being closed and bandaged, and so held for the necessary length of time.

Another successful plan, is the forming of cones, made from angular-shaped pieces of linen, coated with wax, and rolled up into the proper size and shape to suit the cavity. A slight coating of cotton is made to adhere by first warming the wax. This cotton is then saturated, as before mentioned, and the pointed cone forced down upon the bleeding vessels through the socket. We admit that cases sometimes present themselves of great difficulty to make these mechanical applications, but they are exceedingly rare, and would, beyond doubt, absolutely exclude the rude fixture of the tourniquet, such cases generally demanding a purely medical treatment.

In all cases of dental hemorrhage occurring through a peculiar hemorrhagic diathesis, when obstinate or unyielding to ordinary mechanical treatment, the most active stimulants should be administered, particularly when a lethargic and inactive condition of the circulation is present; and sedatives and anodynes when a too great excitation is found.

We have seen several cases where the hemorrhage has been almost instantly checked from the drinking of a glass of wine, or the administering of sixty or eighty drops of laudanum, even when the greatest apprehension had been entertained from the immense loss of blood, and the impossibility of making pressure upon the ruptured vessels, they having most probably retracted into the substance of the maxilla. It is very evident that if the bone enclosing the vessel be uninjured, no degree of pressure can affect it; and that this is often the case, there can be no doubt. The injury existing in the lower point of the socket, nothing but a perpendicular pressure, which at the same time presses against the walls of the socket, can exert any influence; for without force against the surrounding walls, the blood would flow without restraint at the points against which this pressure was not made, the vessel itself not being compressed, and the stoppage depending upon an entire lateral pressure, as it were, corking up the socket into which the blood is flowing. The best application that can be made in such cases, is the conical wax rolls, which if they do not absolutely compress and stop the bleeding orifice, will certainly choke or cork the cavity of the socket, and will suppress the greatest

number of cases of hemorrhage where mechanical pressure is alone sufficient. But when the bleeding is dependent upon the rupture of many periosteal vessels, and there exists this tendency before spoken of, we are of opinion that pressure alone is not to be relied upon, but that the treatment must be addressed to constitutional impressions of immediate effect, and that a strong and active power must be had over the general circulation.

Hemorrhages, occurring in whatever part of the system they may, depend in a great measure upon effects produced by excitements and influences exerted over the whole circulating system, which are exhibited by such incidental ruptures as the one under consideration, and are not the natural result alone of the rupture of a vessel in the extraction of a tooth, in epistaxis, or even in flooding; for under ordinary circumstances of health, these ruptures might all take place without any danger of fatal hemorrhage or of any protracted bleeding. The occurrence of such a circumstance should not be held as a serious indication of constitutional vices, morbid influences arising from injurious habits or tendencies, acting upon and producing a diseased condition of the blood, and dental hemorrhage must in the majority of cases be looked upon as an entirely *special* accident from the rupture produced, super-added to some preceding tendency residing in one or more of the conditions just referred to.

We therefore do not regard the mere mechanical suppression as reliable in entirely subduing the evil, but would ever address ourselves at once to the constitutional changes which have acted as the proximate cause. No dental hemorrhage will prove troublesome that is not superinduced by an abnormal condition of the blood, or that of the circulating vessels; and we regret to see so little attention paid to a fact so self-evident. For when we consider the minute size of these vessels, the wonder alone remains, that even exhaustion should take place through so small an orifice, particularly so when we remember that many much larger vessels are severed in surgical operations of any magnitude, without important consequences. We have never examined into the condition of a patient previous to the hemorrhage, without finding that this accident had been preceded for several days by an occasional sense of uneasiness, restlessness, weight, fullness, flushes, accompanied with chills and slight fever, and we believe that these are constantly found preceding any other hemorrhagic development.

April 13, 1855.

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## Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE SOCIETY FOR MEDICAL OBSERVATION. BY  
S. L. SPRAGUE, M.D., SECRETARY.

*Ovarian Dropsy.*—Dr. BOWDITCH alluded to a case of this disease under the care of Dr. MORRILL WYMAN, of Cambridge, who having first practised



paracentesis with a large trocar, used afterwards an exploring trocar once in six weeks, to evacuate the accumulation in the cysts. In the course of the disease this patient carried a child to the full time, but died of peritonitis accidentally supervening upon a second pregnancy.

Dr. COALE thought peritonitis so little likely to follow tapping that there was no need of Dr. Wyman's precaution. He (Dr. C.) had tapped three patients 65 times, without any symptom of inflammation ever being developed.

Dr. SHATTUCK said that Dr. Atlee repudiates the idea of fatal tapping.

Dr. C. D. HOMANS mentioned two cases of fatal peritonitis following tapping for ascites; these, however, might perhaps be attributed to the influence of erysipelas, which was then existing in the Massachusetts General Hospital where the cases occurred.

Dr. CABOT said he remembered one, if not two, cases of ovarian dropsy, where death followed the operation of tapping.

Dr. J. P. REYNOLDS mentioned such a case to have occurred in the Massachusetts General Hospital under Dr. Storer's care.

Dr. BOWDITCH said that Dr. Kimball, of Lowell, thought that tapping, sooner or later, was almost certain to result in death.

Dr. PUTNAM mentioned a case in which, after a certain number of tapings, the fluid oozed away from the point where the puncture was made, and prevented, for a considerable length of time, the necessity of another operation. Dr. P. also mentioned an instance where rupture of the cyst from a fall resulted in recovery.

Dr. SHATTUCK thought that the cases where death occurred were those of cachectic individuals, whose blood was not in a good state.

Dr. ELLIS said that the lining membrane of a cyst, was, from its nature, as likely to take on inflammation as a serous membrane. Dr. E. asked if pressure ever influenced the development of dropsy? The fluid oozing from a large surface seemed to him analogous to the force of an hydraulic press, that no bandaging which a patient could bear would at all restrain.

Dr. SHATTUCK cited a case where pressure was used as the principal means of treatment.

Dr. PUTNAM thought that pressure served to delay the accumulation.

Dr. CABOT said that in hydrocephalus it was rare for the child to survive the second tapping. He had, by using a very fine trocar, been able to tap a case four times.

Dr. COALE said that in the first case where that operation was performed in this country, the trocar was almost capillary.

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### Bibliographical Notices.

*A Practical Treatise on the Diseases peculiar to Women.* By Samuel Ashwell, M.D., etc. Third American, from the third and revised London edition. Philadelphia. Blanchard & Lea. 1855. Pp. 528.

It is now more than ten years since the first edition of Dr. Ashwell's work was published, and the universal testimony of the profession has placed it among the most valuable medical works ever written. Each successive edition has been enriched by all the improvements resulting from the increased attention which has of late years been bestowed upon the study of the nature and treatment of this important class of diseases. The present is behind none of the others in this respect, and, we need hardly

say, is the most useful practical work on the subject in the English language, if not in any other. This superiority it derives from the extensive experience, and the philosophical mind of the author, and we cordially recommend the work as indispensable to the medical practitioner. The only deficiency we notice, is the want of an index, almost indispensable in a work of this size. We regret that a work in such universal demand should not appear in a dress more worthy of its reputation. The paper is thin, and the printing inferior to that of many other works issued from the Philadelphia press. We must, however, commend the binding, which is neat and simple, wearing a more professional look than the "under-done pie crust" colored sheep covers so often chosen for medical books. The work may be had in Boston of Ticknor & Co.

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*The American Journal of Dental Science.* C. A. HARRIS, M.D. D.D.S., Editor.

This is one of our exchanges,\* and we have long considered it a very valuable and ably conducted periodical. Our attention has lately been more particularly called to it by Dr. B. S. Codman, so well known in Boston as the efficient manager of the well appointed "dental depot" at No. 57 Tremont street, and who for many years successfully practised his profession here in connection with his brother Dr. W. W. Codman, who still continues it. The former gentleman is the agent, in Boston, for the Dental Journal.

Dentistry has become a science, and enlists a large number of thoroughly informed and zealous men in its pursuits. It is fortunate for the public that this is so, for in every calling there are many who by ignorance, presumption and unbounded quackery, incalculably deceive and injure those who entrust their persons or interests to their *mis*-management. The rebuke administered to such in the "Valedictory Address" by Dr. Dwinelle, and which is contained in the April No. of the "Journal" is alike merited and excellent:—"Quacks are so proverbially in the wrong, that it is almost a safe rule *not to do anything which they do*."—(P. 218.) We cordially echo the sentiment. At page 298, we observe a report of a truly "remarkable anomaly;"—"a whole family who have not, nor ever had, any teeth, although they are all grown, and some have families. The ladies are said to be exceedingly beautiful, and their rosy lips conceal this strange defect." The writer adds that their gums have become so hard that "the cracking of many kinds of nuts" is quite possible by them. The dentists are losers in this case, for the individuals refuse to have artificial teeth inserted not feeling any need of them! We understand that similar instances have been observed here.

The Journal contains a long and elaborate article upon "Crystalline Gold, its Varieties, Properties and Use," by Dr. Dwinelle, with valuable "special directions" for filling teeth, and several illustrations, which must be of great service to operators. The paper on the "Causes of Dental Deformities," and that entitled "Hints upon the Extraction of Teeth," are important and well written. The same may be said of several others which we have not space to notice. The Journal is very handsomely printed, and of extremely neat appearance throughout, and does its publishers (Lindsay & Blakiston, Philadelphia), great credit.

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\* We observe that in the list of exchanges of the Journal of Dental Science, the change of editorial management of our own Journal is not inserted. This is true of certain others of our exchanges.



*Transactions of the New York Academy of Medicine.* Vol. I., Part III. Containing a Report on Solidified Milk. New York, 1855. Pp. 11.

This is an interesting report by the Committee on Public Health and Legal Medicine, on the subject of a new preparation of milk, which the inventor maintains will keep for an indefinite length of time. The Committee traced the manufacture of the article from the udder to its final conversion into the solid tablet, which consists of nothing but the solid constituents of pure milk, combined with nearly an equal part, by weight, of white sugar. It has a light yellow, slightly mottled appearance, is of a very firm texture, and yields readily to the knife or grater. It is readily and perfectly soluble in water, and when so dissolved in proper proportion is in fact milk, with the addition of sugar, from which cream and butter can be obtained. The objections to the article are its containing sugar and a flavor somewhat similar to that of boiled milk. The latter inconvenience, it is thought, will be obviated by an improvement in the apparatus for manufacturing it. The price of the article is twenty-five cents a pound, which makes five pints of milk. The high cost, however, is to some extent more apparent than real, since the presence of sugar renders necessary a less amount of that substance in cooking, and the milk is of a much richer quality than that commonly sold in cities. For voyages, and as an article of diet for the sick, particularly with children, it must be invaluable, if found equal to the description.

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*The American Eclectic Practice of Medicine.* By J. G. JONES, M.D., late Professor of the Theory and Practice of Medicine in the Eclectic Institute of Cincinnati, &c. Vol. II. Pp. 862. Cincinnati. 1854.

We have received the above bulky work, accompanied by a letter from the author characterized by courtesy and modesty. He complains that the notice by our predecessors of the first volume of his work, "presenting a radical change, in many important particulars, in the prevailing doctrines of the science, and a vast change in therapeutic appliances in the treatment of disease," was altogether too insignificant for so important a subject. He also desires our particular attention to his views on the subject of malarial diseases, and to the lectures on consumption and croup. We fully believe Dr. Jones, when he says "my desire to have the merits of the work fairly tested and properly appreciated is not mainly referable to considerations of a pecuniary character, but, I think I may truly say, it is chiefly referable to an honest conviction that the best interests of the human family would be promoted by it."

The "Eclectic School of Medicine," a sect which prevails extensively in the West, professes to adopt what is best from any or all of the different "systems" which are in vogue. They thus arrogate to themselves the privilege which every sound physician claims, of not practising exclusively according to any particular theory, but of employing such treatment as he honestly thinks his patient requires, according to the circumstances. The true physician is open to conviction from whatever source it comes. The eclectics, however, place themselves in antagonism to all other practitioners. Although a large portion of their ideas on the subjects of their description of disease, their views of physiology, of pathology, and even of therapeutics, are borrowed from the most eminent writers, they pretend that the practice of these authors is founded on fallacious grounds, and leads to injurious consequences. This is particularly the case with regard to certain modes of treatment, as the employment of the preparations of mercury, of blood-letting, &c.

The present work, in its practical part, appears to be a faithful record of the experience of the author, which we should judge to be large. The descriptions of the symptoms of the various diseases within its scope appear to be accurate as far as they go, and the treatment is in the main judicious. The work, however, is far inferior in this respect to those of Wood, Watson, Williams, and a host of others. It will be often consulted and of great assistance to the second-rate medical practitioner, but can never be of much value to one who aims at eminence in his profession. We have read the lectures on croup, which bear the evidence of much thought and close observation of the disease, but we lament that the author's eclecticism has not led him to adopt the local treatment introduced by Dr. Horace Green, which has done more than anything else to diminish the mortality of that dangerous disease. He does not even allude to it. We must, however, in justice state that five or six cases of croup recovered under Dr. Jones's care by means of cupping with scarifications over the larynx and trachea, followed by onion poultices, with the internal use of an acetous syrup of sanguinaria. In the first case described it is stated that on the improvement of the symptoms "the albuminous concretion began to come away in small patches or flakes." It is not stated whether the existence of a false membrane was demonstrated in the other cases, but we presume that such was the fact.

We regret that our inability to obtain the first volume has prevented us from ascertaining exactly what is the author's theory concerning "malaria," but if we may be allowed to judge from a commendatory notice of the work, which accompanied it, Dr. Jones believes that animalcula are the cause of periodicity in health, and that the *sleeping* or *waking* of animalcula causes intermittency in fever of malarial origin! Whence such an extraordinary notion was derived, it is difficult to imagine, nor is it easy to put confidence in the judgment of one who entertains it. With regard to the use of mercurial preparations in the treatment of disease, we need hardly say that while all our readers are ready to acknowledge that their indiscriminate and excessive employment is productive of injurious consequences, we presume that the majority of them believe that when judiciously administered, they are often of inestimable service.

In conclusion we are compelled to adopt the language of our predecessors in saying that "there seems to be more imagination than reality in modern eclecticism, when it takes a position by itself, and refuses to recognize anything good that is gathered from the accumulated observation of ages, unless gathered and arranged by its own adherents."

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MAY 10, 1855.

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### THE AMERICAN MEDICAL ASSOCIATION.

WE have received full accounts of the eighth annual meeting of this Association, held in Philadelphia on the 1st of May, and the following days, one of the Editors having been present as a delegate from the Boston Society for Medical Improvement. Among the Boston delegates were Drs. Homans, Sen., Storer, Hayward, J. M. Warren, Morland, Lyman, Lewis, E. H. Clarke, E. D. G. Palmer, Parks, Ellis, Borland, Sprague, and several oth-



ers. By some accident the Society for Medical Improvement is omitted among the list of those who sent delegates. Dr. Charles A. Pope, of St. Louis, the President, made a long and interesting address at the opening.

The following account of the first day's proceedings is from our correspondent.—“Dr. Frank H. Hamilton, of Buffalo, N. Y., made a capital report on the Prognosis of Fracture, and the resulting deformities, which is a credit to him, and will benefit the profession. Dr. Hunt, of Buffalo, made an admirable report on the hygrometric state of the atmosphere, as connected with the causation of zymotic diseases, particularly cholera. He considers that a warm atmosphere surcharged with vapor is decidedly productive of disease, and instanced the rise and decline of cholera, as influenced by the upward or downward tendency of the *dew-point*; 61 being pronounced the “cholera dew-point,” and the cases rapidly multiplying whenever it is much above that. He compliments Dr. Barton, of New Orleans, and acknowledges his indebtedness to him for much valuable information. Dr. Charles Hooker, of New Haven, gave an excellent, judicious and most sensible report on the diet best suited to invalids, and to promote health. He advocates more nourishment, both in health and disease, than has hitherto been considered proper. He says that solid food is often best digested, even in dyspepsia, and recommends more sustentation, and at regular periods, in disease. He refers to the errors committed in over-feeding children, particularly nursing infants. He believes that copious water-drinkers are prone to dyspepsia and phthisis, and strongly urges the importance of an oleaginous diet, a repugnance to which indicates a disposition to phthisical disease. I agree with him, that generally the tonic, hygienic and medicinal means are not enough attended to.

“At 12 o'clock to-day (Wednesday), we were most cordially received by his honor, the Mayor, Robert T. Conrad, in Independence Hall. Dr. Isaac Hays, Chairman of the Committee of Arrangements, presented us, and the Mayor made a most eloquent and beautiful address, greeting and welcoming the Convention in the most gratifying manner, and eulogizing the profession at large in glowing terms. Professors Bache, Hodge and Norris entertained the Association most handsomely last evening. This afternoon we go, by invitation, to Fairmount and Girard College, and this evening Drs. Stillé, Paul and Wood receive us at their houses. Dr. G. B. Wood, of Philadelphia, was to-day elected President, and Dr. D. H. Storer, of Boston, one of the Vice Presidents. The next place of meeting is Detroit, Michigan. The prize for the best essay on some Medical Subject (\$200) was awarded to Dr. James D. Trask, of White Plains, N. Y., for a treatise on *Placenta Prævia*.”

Dr. Atlee, of Lancaster, Pa., made an appeal to the members present to come forward and contribute towards making a handsome compensation to the artist who executed the block for the Washington Monument, after the design furnished by the late Dr. Peirson, of Salem; and the Association subsequently appropriated \$1,000 towards it. Dr. N. S. Davis, of Chicago, Ill., read a very able and interesting paper on the Nutritive Qualities of Milk, including the influence produced thereon by pregnancy and menstruation in the human female, and by pregnancy in the cow; and also the best method of preserving milk uninjured. He gives the preference to the “solidified milk,” being, we suppose, the same article alluded to in another place in to-day's number of the Journal, which is manufactured in Dutchess Co., N. Y., by Mr. S. T. Blatchford, son of Dr. Thos. Blatchford, of Troy.

On Thursday (third day), the most important proceedings were as follows:—Dr. Frank H. Hamilton made an additional report on the subject of fractured clavicle, which was listened to with marked attention. He hoped that accurate statistics on this subject would be furnished by the managers of the Philadelphia Hospital, that all may be able to judge of the merit of the instrument which has been in use at that institution for the last thirty years. He had known a surgeon to be mulcted in heavy damages, because he could not accomplish all he supposed he could by using it, in a case of fractured clavicle.—Resolutions concerning the subject of Medical Topography were next read and considered, and it was proposed that a committee from each State should be appointed to report on its medical topography, and epidemic fevers, and their treatment. The whole subject was referred to the Committee on Nominations.—Dr. Condie was allowed further time for his Report on Tubercular Disease, which, he stated, would occupy at least 500 pages.—Dr. Mussey, of Cincinnati, read an interesting report on the use of Alcohol, which was referred to the Committee on Publication.—A large number of special committees were appointed; among them, was Dr. H. J. Bigelow, of Boston, on the Microscopical Investigations of Malignant Tumors.

In the afternoon the Association visited the Philadelphia Hospital and Almshouse, at Blockley, where they were presented to Frederick M. Adams, Esq., President of the Board of Guardians of the Poor, who welcomed them in an eloquent speech.

On the fourth day (Friday), Dr. Hays, from the Committee of Arrangements, stated that 523 delegates had registered their names.—On motion of Dr. Hayward, of Boston, the thanks of the Association were unanimously offered to the Mayor and other officers of the city government of Philadelphia, and to the citizens, for their munificent hospitality and kind attention to the members during its present session.—The following amendment to the Constitution was offered, and laid over till the next annual meeting:—“Any member who shall not pay for the published Transactions for three successive years, shall be considered as withdrawn.”—Resolutions for the division of the meetings into business and scientific sessions were agreed to.—A motion for a committee of three to be appointed to consider the subject of the evils existing in the present method of holding coroner’s inquests, and to report at the next annual meeting, was referred to a special committee.—Dr. Atlee offered resolutions, which were adopted, to the effect that any such unnatural union as the mingling of an exclusive system, as homœopathy with scientific medicine, in a school, setting aside all questions of its untruthfulness, must so far impair the usefulness of teaching, as to render every school adopting such a policy unworthy the support of the profession.—The Committee on Nominations reported that the resolution on the subject of the Registration of Marriages, Births and Deaths, be adopted. Among the members of the committee is Dr. Edward Jarvis, of Dorchester, Mass.—It was unanimously resolved, “That no state or local society shall hereafter be entitled to representation in this Association that has not adopted its code of ethics.”—An amendment to the Constitution was offered, providing that the travelling expenses of the Secretary and Treasurer shall be paid out of the funds of the Association.—A motion for changing the time of the annual meeting from the first Tuesday in May to the second Tuesday was discussed, but the subject was indefinitely postponed.—At half past one, the Association adjourned *sine die*.

The proceedings of this session, one of the most interesting and impor-



tant ever held by the Association, are very fully reported in the Philadelphia daily papers, and we regret that our limits confine us to a mere outline of what took place. In our next number, we shall offer some remarks suggested by our personal observation during the session.

#### DURATION OF PNEUMONIA.

A correspondent in calling attention to the case of pneumonia reported in our 12th number, suggests that there may be some error in the date assigned to the exit of the patient from the Hospital, otherwise the recovery can hardly be called a "rapid" one. The term rapid, we presume, was intended to refer to the case of rheumatism only, though it does not follow that because the patient with pneumonia was in the Hospital twenty-one days, she might not be considered convalescent before that time. It has been customary in the Massachusetts General Hospital to estimate the duration of the disease by the interval between the beginning of the attack, and the time when the patient begins to take solid food. In this case, the latter period is not stated, but as she asked for meat on March 26th, we may suppose that she was allowed to take it soon after. At any rate, the symptoms were so far mitigated that she must be regarded as convalescent on the 28th. Now, as the attack began on the morning of the 13th, the whole duration of the disease was fifteen days, during eight of which she was under treatment. The average period for 34 patients observed in the same Hospital was about 13.4 days, the extremes being 4 and 36. The duration of pneumonia depends much upon the age and previous health of the patient, as well as on the extent of the disease, all of which must be taken into account, in judging of the effect of treatment.

*Extirpation of the Uterus.*—We have received a letter from Dr. Walter Burnham, of Lowell, in which he claims to have successfully performed the operation of extirpation of the uterus, together with both the ovaries, through the abdominal parietes, in that city, June 25th, 1853, three months previous to Dr. Kimball's operation, reported in our last number. The case was originally reported in "Nelson's American Lancet," published in Plattsburgh, N. Y. and Montreal (Canada), January, 1854, and was copied into the "Worcester Medical Journal" of February, of the same year. The patient recovered in two months. It thus appears that Dr. Kimball is mistaken in supposing that he had first successfully performed this operation by the hypogastric method.

*Massachusetts Medical Society.*—We would remind the members of this Society that the next Annual Meeting will be held in Springfield, on the last Wednesday in *June*, instead of May, as heretofore.

TO CORRESPONDENTS.—The Report of a Case of Section of the Os Femoris for Artificial Hip-joint, has been received, and will appear next week.

*Deaths in Boston* for the week ending Saturday noon, May 5th, 55. Males, 25—females, 30. Accident, 1—inflammation of the brain, 2—consumption, 10—convulsions, 2—croup, 1—dropsy in the head, 2—infantile diseases, 4—erysipelas, 1—intermittent fever, 1—scarlet fever, 1—disease of the heart, 3—influenza, 1—inflammation of the lungs, 8—disease of the liver, 1—old age, 1—palsy, 2—inflammation of the stomach, 1—scrofula, 1—smallpox, 5—teething, 5—ulcers, 1—unknown, 1.

Under 5 years, 24—between 5 and 20 years, 8—between 20 and 40 years, 10—between 40 and 60 years, 6—above 60 years, 7. Born in the United States, 43—Ireland, 7—England, 2—British Provinces, 2—Germany, 1.

*Boston Society of Natural History.*—The annual meeting of this Society was held on Wednesday evening, May 2. Reports were read by the Treasurer, Librarian, and the different Curators, and the following officers were elected for the ensuing year:—*President*—John C. Warren, M.D.; *Vice Presidents*—Charles T. Jackson, M.D., D. H. Storer, M.D.; *Corresponding Secretary*—Samuel L. Abbot, M.D.; *Treasurer*—Nathaniel B. Shurtleff, M.D.; *Librarian*—Charles K. Dillaway; *Curators*—Thomas T. Bouve, of Geology; Francis Alger, Mineralogy; Jeffries Wyman, M.D., Comparative Anatomy; Silas Durkee, M.D., Ichthyology; Chas. J. Sprague, Botany; Thomas M. Brewer, M.D., Oology; Henry Bryant, M.D., Ornithology; Thomas J. Whittemore, Conchology; J. Nelson Borland, M.D., Herpetology; J. P. Reynolds, M.D., Crustacea and Radiata; H. K. Oliver, Jr., M.D., Entomology; *Cabinet Keeper*—Charles Stodder.—*Traveller*.

*New York Dispensaries.*—At the Demilt Dispensary, 1,844 patients were under treatment in the month of April; prescriptions dispensed during the month, 3,244. At the Eastern Dispensary, total number of patients during the same month, 2,365; number of prescriptions, 2,902. At the Northern Dispensary, number of patients, 1,176; number of prescriptions, 2,366. North Western Dispensary, patients, 902; number of prescriptions, 2,016.

*Hospitals for the Insane.*—The following, from the Boston Journal, refers to the Report of the Massachusetts Commission on Lunacy, drawn up by Dr. Jarvis, and which will be more particularly referred to hereafter.—“The Joint Standing Committee on Charitable Institutions, to whom was referred the report of the Commissioners on Lunacy, have considered that report and approve its recommendations. They agree with the Commissioners that there is a necessity for more ample accommodations for the insane of the community, and that the Worcester hospital is unsuitable for its present uses; and they accordingly express their conviction that a lunatic hospital should be established in the western part of the State, that the old one in Worcester should be replaced by a new one, and that another hospital for State paupers should be built in the eastern part of the State. They recommend that the Legislature of the present year take the first step, by the adoption of a bill which they propose for the erection of a hospital in Western Massachusetts. The bill authorizes the Governor, with the advice of his Council, to appoint a Board of three Commissioners, who shall purchase an eligible site in one of the four western counties of the State, and cause to be erected thereon a hospital sufficient for the accommodation of two hundred and fifty patients, and all the officers and employees of the establishment; provided the cost thereof shall not exceed two hundred thousand dollars. It authorizes also the issue, by the treasurer, of State script to an amount not exceeding one hundred and fifty thousand dollars, bearing an interest of five per cent., payable in London.”

The Trustees of the University of Pennsylvania have elected Henry H. Smith, M.D., of Philadelphia, to the Chair of Surgery, made vacant by the resignation of Dr. Gibson.

*The Roman Dentists.*—A writer in the New York Daily Times alludes as follows to the antiquity of the dental art.—“From Lucian, Pliny and Martial, we learn that teeth made of ivory were used by the people of their time, and that single teeth were often inserted, bound with gold wire. The two following quotations from Martial, leave no doubt that the Romans used artificial teeth, and that the latter were well made, too:

‘Sic dentata sibi videtur Ægle  
Emptis ossibus ———’ Lib. 1, 73.

‘Thais habet nigros, niveos Lecania dentes,  
Quæ ratio est? emptos hæc habet, illa suos’ Lib. 5, 43.

*Benzole a Remedy for Parasitical Diseases.*—Milne Edwards, long ago, ascertained that the vapor of benzoin or benzole was fatal to insects. This property led M. Reynal, of the Veterinary School at Alfort, to employ it for the treatment of pedicular maladies among animals. He has found that it destroys the parasites in these diseases, more surely and with more safety to the animal than tobacco-juice, mercurial ointment, or any other of the many remedies used. It destroys the epizoa without at all injuring the skin.—*Philadelphia Med. News and Library*.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## SECTION OF THE OS FEMORIS FOR ARTIFICIAL HIP-JOINT.

BY JOHN C. WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

BEFORE relating the case which is the principal object of this paper, I will narrate one which took place previously, and was a sort of preparation for it.

About the year 1820, the mate of a vessel, whose leg had been broken at sea, entered the Massachusetts General Hospital with a remarkable deformity of the injured limb. The tibia and fibula had been broken, and not having been restored to their natural situation the foot was everted so much as to form the segment of a circle. The internal ancle was in consequence brought to the ground, and had become ulcerated by pressure on the ground in walking. The union was perfectly firm, and the bones could not be in any way altered by mere manual force. Seeing he would be badly crippled for life unless some operation was resorted to, I exposed the tibia on the inside by a proper incision, and with a small hand-saw cut out a piece of this bone of a wedge-like form. The fibula still retaining the limb in its distorted position, I broke this bone by manual force, brought the sawn ends of the tibia into contact, and applied splints and bandages. The patient was well in a month. The two limbs were of the same length, the power of locomotion on the feet perfect, and the limping very slight.

In 1827 a remarkable operation was executed by the distinguished surgeon, Dr. Barton, of Philadelphia, for the formation of an artificial joint in a case of ankylosed hip. The successful issue of this and other cases led me to perform the operation which is to be described here.

John Scannell, 32 years old, married, and who had been domestic in the families of Hon. Robert C. Winthrop and of Mrs. Sayles, while living with the latter, in Tremont st., was called on in February, 1848, to shovel a large quantity of snow from the house yard. He was at that time in perfect health. On the following day he was attacked with intense pains in the pelvis and loins—extending thence into the back. Dr. Holmes being called, made many applications to the seat of pain, and also bled him. These

and other measures failing to give relief, Dr. H. held a consultation with Dr. Bigelow, and afterwards with Dr. James Jackson and Dr. J. Mason Warren.

No relief being obtained, he was admitted to the Massachusetts General Hospital in March, and soon after came under my care. He was then emaciated, in a hectic condition, suffering intense pain, so as to require on the first night of his admission to the Hospital a grain and a half of the sulphate of morphine to produce quiet. This pain was in the back, thence extending into the lower extremities, and was of a neuralgic character, i. e., it passed in the courses of the great nerves from the hips to the toes. The slightest touch being insupportable, it was impossible to examine the back, and with difficulty the limbs.

Notwithstanding the use of air-pillows, air-beds, and water-beds, the sacrum became extensively ulcerated, and also the posterior part of the heels. On May 26th the left lower limb was found to have become inverted; the left foot pressed on the inner edge of the right, and he could not raise, or to any extent move the limb himself. The stomach and digestive organs were disturbed, with frequent vomiting, obstinate constipation, flatulence, local pains in the abdomen, requiring from time to time great quantities of opiates. At length, the pains subsiding, he was taken out of bed, at which time the weight of the body could not be supported on the limbs. As he recovered his strength and disposition to move, it was obvious that the left hip-joint was dislocated and ankylosed. No violence having occurred at any period of his attack, this dislocation was not understood. The other hip and the knee being stiff also, it was thought the stiffness of both might arise from muscular contraction. In consequence of this opinion, on the 28th of August, the patient being put under the influence of ether, the joints of the lower limbs were forcibly flexed and extended. The left hip was found to be immovable, and the left lower extremity so much distorted as materially to interfere with his walking. The right hip-joint had a very limited degree of motion. The right knee could be bent, but with difficulty.

However, he gradually acquired the power of walking, and about five months after his entrance he walked, with the aid of an attendant, into the Hospital grounds for the first time. Then it more clearly appeared, that the left foot pressed on the inside of the right, and interfered with and galled the inner side of the other limb, as before mentioned. On examination, the phenomena of a dislocation were satisfactorily made out, and a consultation being held, it was agreed that measures should be adopted for the reduction of the dislocation. He was accordingly put under the influence of ether, and the pullies applied transversely and longitudinally with great care and attention for half an hour, without accomplishing the reduction of the limb, or any change in its direction or position. At a subsequent period another effort was made at reduction, with no better success.



As the patient had now been in the Hospital over a year, his dislocated limb not improving, and as great inconvenience was experienced from its interfering with the other, I proposed to saw the limb through the trochanter, and attempt to restore it to its natural position. This operation was accordingly performed on March 17th, 1849. An incision six inches long was made in the direction of the limb behind the trochanter, and this was crossed by a transverse incision of three inches. The muscles were then dissected from the bone, and a saw applied about the size and form of an amputating knife. By this the bone was readily divided an inch and a half below the apex of the trochanter major, and the limb being seized was everted and brought to its natural relations. The whole operation required not far from ten minutes, and was painless, the patient being under the influence of ether. About six ounces of blood only were lost. The wound was dressed simply, and after the patient was removed to his bed the limb was a little flexed and supported in its natural position without splints or any apparatus. The consecutive symptoms were not very severe; he had some fever, but the wound healed without difficulty, and he soon recovered his strength.

The tendency to stiffening in the articulations of the lower extremities continued to be remarkable, especially in the right hip-joint and knee. It became necessary to attempt to restore the use of these articulations and prevent a permanent ankylosis. On October 18th, 1849, therefore, the patient being under the influence of chloric ether, and the pelvis firmly held by assistants, the left knee was forcibly bent, when the adhesions gave way. The whole limb was then flexed, extended and rotated at the false joint, performing all the motions peculiar to the hip, with a moderate application of force. Attention was then directed to the right limb, the knee of which was flexed and extended. But all attempts at motion of the right hip-joint were for some time fruitless; at length, the efforts being continued, the contractions gave way with a loud crack. About seventeen minutes were required in the operation, during which he was kept under the influence of ether.

From this time his walking gradually improved, and his health became good, with the exception of pains in the lower part of the back, which have never quitted him.

REMARKS.—Scannell was occasionally employed in my family, so that we knew his history. He is about six feet high, not fat, but a muscular man, very active, industrious, and no drinker of ardent spirits. When I called to see him, March 14th, 1855, in a heavy storm of rain, snow and wind, he was out, but being sent for came home on foot in a very short time, though obliged to use a crutch and a cane. He was glad to see me, and willingly submitted to my examination.

The perfectly erect position he could not assume. He arose from his chair with difficulty, and inclined a little forwards. His right hip-joint was very stiff; he could move it not more than six

or eight degrees ; the right knee and ankle were perfect in their motions. The left limb, that operated on, being moved produced a similar feeling to the patient as motion in the joint to a small extent ; it had about the same degree of motion apparently as the right ; but both appeared very stiff, and their motion readily affected the pelvis, so that it was impossible to determine whether there was distinct movement in either. The left thigh was plump and round, and measured in circumference two inches more than the right, that of the latter being  $19\frac{1}{2}$  inches. The left, or limb operated on, was half an inch longer than the other ; the trochanter half an inch lower, and about that space behind its natural situation. The thigh on the forepart, at the groin, appeared slightly excavated and broader than natural, while the left natis to the eye and by actual measurement was half an inch narrower than the right. The foot occupied its natural direction, and was not turned outwards nor inwards.

When I applied my strength to move the lower extremity, he felt the motion in the new articulation, and always feels it when he moves himself ; but on increasing the force the pelvis was moved. The same occurred on the right side. The leg of the extremity operated on appeared very muscular and firm when he stood. He said he had no pain, or uneasiness in any of these movements, nor had he now pain at any time in any part of the lower extremities. It is now a little more than seven years since the attack, and he has never been free from pain in the back. This pain is about the junction of the sacrum with the os coccygis, but there is no sensibility on pressure. I asked what, in his opinion, was the cause of the dislocation ; he said he thought it took place entirely independent of any external violence, from a spasm of rheumatic pain.

A review of this case presents an obscurity in some points of diagnosis. We may conclude, however, that the primary attack was an inflammation of the spinal membranes ; that the nerves of the lower extremities were affected in consequence, and the contraction of the limbs thence followed ; that the dislocation was a consequence of spasmodic action of the muscles ; that the continuance of the pains and stiffness of the limbs was and is rheumatic, and that this rheumatic disposition operates on the artificial joint, as well as others, and circumscribes the power of motion. I made a very careful examination by pressure with the fingers in order to ascertain whether there was any osseous protuberance about the joint, arising either from want of coaptation of the sawn bones or exuberant osseous effusion, but could discover neither. The parts appeared to be in a fair and natural state, so that if he should overcome the rheumatic tendency he may ultimately be able to walk without stiffness.

*Boston, May, 1855.*



## ON THE CONTAGIOUSNESS OF PUERPERAL FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I am glad of your late contributions concerning the nature of puerperal fever. More than forty years ago I heard Dr. Haighton lecture on midwifery, and distinctly remember his remarks on the nature of this fever. Having fairly stated the very opposite opinions entertained about it, he ended by saying, that whichever opinion was adopted, whether it was regarded as contagious or not, he thought it the duty of every physician so to act, as to make it impossible for him to be the means of communicating so dangerous and so fatal a disease. Very early, I became satisfied that the inflammation accompanying this fever was erysipelatous in its nature. The history of it in foreign hospitals, and observations at home, led distinctly to this conclusion. These diseases exist together. It is a curious fact, that in our weekly report of diseases we have almost always puerperal fever and erysipelas standing in immediate connection with each other. I have been so satisfied of the intimate relation of these diseases, that when I have both under my care, I endeavor so to arrange my visits, as to diminish, as far as possible, the chances of their intercommunication. Look at the early reports of foreign hospitals—of London and of Paris—in which this fever has existed, and see how common it was to have erysipelas in the surgical wards, and puerperal fever in others. Several years ago, some cases of puerperal fever occurred in my practice, some of which were fatal. I could not learn that it had been met with by other physicians. One of my cases was in the Massachusetts General Hospital; but I have no recollection that erysipelas was there at the same time, nor do I remember if this was the first of my cases. I did remember Gordon's facts, bearing on the question of contagion, in his history of the Aberdeen puerperal epidemic, and how conclusive were those facts, concerning its contagious nature.

There are some facts in regard to our subject which seem to me worthy of consideration. My own cases were quite alone. I knew of no others. The disease had its most unequivocal characteristics. In the cases of my friend, the late Dr. Peirson of Salem, which were in much larger number than mine, the same fact, I think, of insulation existed. Some years ago, several cases of fatal puerperal fever occurred in the practice of the late Dr. ———. I was called to see the last one. This was the case of a lady who lived remote from and had no intercourse whatever with his other cases, or with their nurses. Dr. ——— said his first case was rapidly fatal. He made an examination after death, and discovered the signs of the disease in an exaggerated form. The next patient he visited detained him a good while, and he slept for some hours on the foot of the bed. The labor terminated happily, but in a day or two Mrs. ——— was seized with puerperal fever, and died. Mrs. ———'s case, to which I had been called, was so severe,

and Dr. ———'s experience of the disease was so striking—all his patients having died—while in the practice of other physicians in ——— not a case had occurred—that I suggested that Dr. Jackson should be joined to the consultation. This was done at once. Upon a very careful review of all the cases which had occurred to Dr. ———, it was recommended to him to withdraw from midwifery practice for a time, and to be sure of his doing so, knowing how difficult it is for one to do this while remaining at home, we advised him to leave home for several weeks. Anxiety and fatigue had impaired his health, and on his own account, a journey seemed demanded. He went away immediately after the death of Mrs. ———, and resumed his practice on his return without any untoward result. He told us that he had taken every precaution to prevent his communicating the disease, by ablution, fumigation, new clothes, but without any good result.

My friend Dr. ———, of Boston, asked me several years ago to see with him a case of puerperal fever. I did so, and saw also others with him. He told me that he had recently had in his practice several cases of puerperal fever, and that the disease had been very fatal. No other cases existed in Boston at the time, and I have no recollection of any cases of erysipelas. His cases extended from Snow-Hill street in Boston to the centre of Roxbury, three or four miles from each other. I have never seen cases so malignant as were some of these. A young lady was safely delivered of her first child. For two days she was well. She was then seized with puerperal fever, which soon passed into its most fatal form. She was enormously swollen. The stomach at first rejected everything swallowed, and soon began to throw up a black, coffee-ground colored liquid, in large quantities. At length scarce any effort was necessary, for it flowed almost in a continuous stream from her mouth. The utmost care and vigilance could not prevent its finding its way over the face, neck and breast. The contrast between this fluid and her transparent, white skin, which had scarcely lost its natural color—so short a time had elapsed since the invasion of the fever—was striking beyond description. The color of the matter vomited exactly resembled that of black vomit. Spasms followed, with lock-jaw, which soon terminated a suffering unequalled in my observation of disease and death. The question arose, what Dr. ——— had best do in the present disastrous condition of his practice. He had done what he could to prevent communicating the disease, but his precautions had signally failed. I advised him to leave town immediately, and to remain away for several weeks, and agreed to attend any of his patients who might desire my aid. He left town, and was gone several weeks. I attended his patients, and attended my own, but neither in his practice nor my own did a case of "peritoneal fever" occur.

Gooch reports an instance of, so to speak, *personal* puerperal fever (by which I mean, an epidemic strictly confined to the pa-



tients and practice of one physician), which instance is as important and of as much interest as is any one in the records of this disease. Let me briefly notice other matters in his admirable essay on "Peritoneal Fevers."\* For instance, their greater prevalence in some seasons than others; their outbreaks in lying-in hospitals, of which no cause can be assigned, altering the whole condition of patients, spreading death everywhere, and where no disease whatever pre-existed. Then the danger of the disease being greatest when most prevalent; its subsidence and disappearance. Gooch does not refer to the popular belief that fevers are periodical in their returns, the periods being seven years. He says—"The disease has occurred in some wards of a hospital, the others being free from it; and after ventilating, cleansing and painting these wards, they became as healthy as the others. Facts such as these have long led to the suspicion that the disease might be communicated from one lying-in woman to another, in the clothes of the practitioner or nurse, or the furniture of a tainted chamber."

A story is told of Dr. Wm. Hunter, which has a close bearing on our subject. A physician from the country called on him, and said a very fatal puerperal fever had occurred in his practice, and asked his advice about the treatment. He suggested one thing, then another, and a third; but these had been all tried. "Go home, then," said Hunter, "and burn your clothes." A stranger called on Dr. H. some years after, and asked him if he did not know him. "No," said the doctor. "I am the man who called on you about puerperal fever, and you told me to go home and burn my clothes." "And did you?" "Yes." "What happened?" "I had no more puerperal fever." I own a very fine copy of Hunter's Lectures, in manuscript, of 1779. I do not find the above story in the lectures on puerperal fever in my copy; but there is internal evidence of its truth, and I must have met with it in some work deserving credit, or I should hardly have referred to it for many years after.

What is puerperal fever; or, as Gouch designates the disease, what are "peritoneal fevers," in their nature? To which form of inflammation are they most nearly allied! Lowder, who lectured on midwifery in London at the close of the last century, thought the inflammation was erysipelalous, and the fever typhoid. The relation between erysipelas and puerperal fever has already been referred to. They exist together in hospitals in which are surgical, medical and midwifery wards. This relation is further shown by our weekly reports of death; puerperal fever and erysipelas being placed in the nearest juxtaposition. Baillie, as we are told, in Watts's life of him, taught that the womb, after the

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\* Gooch's is an old work, having been printed as early as 1829, and I know how intolerant "Young America" is of everything older than yesterday; but had I such relations with my profession as to believe that my recommendation of any writings as deserving the careful study of students and practisers of midwifery and its associated sciences, would avail anything, I know of few I could name which have better claims than Gooch's to their attention.

separation of the placenta, was a *wounded* organ. This condition may be a cause of the weight of the disease falling upon tissues bordering upon, and continuous with, the uterine; and it offers, besides, some explanation of the erysipelatous character—the fatal character, too—of this, or these, fevers. The erysipelatous character of the inflammation gets further support by its occasional successful treatment by means which are the most useful in erysipelas. Thus, the sulphate of quinine has been very successfully used in it. I heard a report, by Dr. C. E. Buckingham, of cases of puerperal fever which occurred in one of our public charities, which were very fatal under the treatment by bleeding and alteratives, but which were quite manageable under quinine. It was observed in the endemic (for it was limited to the institution in which it occurred) that cases treated from the start with quinine, did much, and sooner, better than when a preliminary bleeding had been practised. But, it will be said, the most fatal puerperal epidemics have happened which could not be traced to any direct erysipelatous complication or agency. Thus, they have appeared in one or more wards of a lying-in hospital, while others have been entirely free from the disease. The highly intelligent resident physician to the Vienna Hospital, Dr. Braun, in which puerperal fever almost constantly prevails, told me, while I was visiting with him and Dr. Arneth the midwifery wards of that institution, that, contrary to what might be supposed, the fever was the least frequently met with in wards in which ventilation, cleanliness and separation were the least attended to, showing an independence on atmospheric conditions which would hardly have been suspected. The remark grew out of some statements of an entirely opposite character, which I had recently met with in the Copenhagen Midwifery Hospital, from the resident physician, Dr. Lever, or Levey, to whom, as to Drs. Braun and Arneth, I was indebted for kindness and attentions which I shall never forget, or cease to be grateful for. Puerperal fever had for years been very destructive to life in the Copenhagen Hospital. It was determined by the Government that no means should be spared which promised to diminish or entirely prevent such terrible mortality. These means which were stated, and showed to me in the minutest detail, were brought into the fullest use without the least regard to expense, and had proved entirely successful. I never was so much struck with the popular blessing and advantage of a wise and liberal exercise of power; such a power as was not to be questioned, whatever might be the conditions of its fullest exercise. Private benevolence can hardly avail itself of such means. You saw that the poorest woman in the Copenhagen Hospital was privileged beyond the richest, and apparently the more favored inhabitant of that great city. Few passages of my life are looked back upon with more pleasure than was my visit to that beautiful charity. As in all true philosophy, how simple were the means, how few and obvious the causes, and how perfect the success!



I am led to offer you, Messrs. Editors, this paper, because of one subject in the history of puerperal fever, namely, its origin—the cause from which it proceeds—its elements. A physician living in the healthy country, in pure air, and in the very finest season of the year—a physician living amidst the smallest chances of fatal accident in a large practice, attends a case of perfectly natural labor. It ends altogether favorably. He makes his visit next day, almost as a matter of course, and finds his patient doing well. He is called next morning, and finds her very ill. He learns from the nurse that she was seized, an hour or more ago, with chills; she then became hot, and now was suffering from severe pain in the abdomen. He examines his patient, and finds the pulse 120 or more; skin hot, to pungency; the abdomen swollen, tender on pressure; with hurried breathing, anxious countenance—the sure signs of puerperal fever. Attempts are at once made to check the disease in its earliest moments. These fail, and the patient, on or about the fifth day, dies. The physician examines the body, and finds abundant evidence and proof of his diagnosis. In a few days he attends another woman in labor; she sickens and dies, as did the first. Others happen like these. The physician now leaves home, is absent some weeks, returns, and attends to his midwifery engagements, and is as successful as he has been through a long practice, with the single exception of that *first case*, which was followed by so many exactly its counterparts. More, he calls on his neighbor brethren, and inquires what has been their observation of the puerperal state. They one and all tell him there has not been a single case of puerperal fever in their practice before he left, during his absence, or now. Whence the *FIRST CASE*? It has in it the whole history of a contagious disease. The evidence is complete, not a link wanting. A contagious disease is a specific disease, depending for its existence on a specific cause, which is nothing else, and can be nothing else than itself. It cannot be atmospheric, or what Sydenham calls the “constitution of the year.” Its attack is sudden; it *strikes* when it comes. Every history I have consulted shows in every word it utters concerning puerperal fever, that it is of its own kind; sometimes discovering remarkable coincidences, as erysipelas, at others occurring without any incidental dependences whatever, declaring itself and its terrible power alone. Whence the *FIRST CASE*? You can stop it, at least in some of its forms—that, for instance, in which the agency of the individual seems so direct in its continuance and extension, the extension to his own cases.

But, we are told, it is over a city, a village; every physician has his one or more cases, generally the latter. If thus extensively epidemic, its mode of communication can hardly be as wisely ascribed to nurses or physicians, as in its insulated invasions. Every case in this last is as a *first case*; at least, so far as this, that it is the cause of its next, or second; and so in the direct relation of cause and effect, they come not only to be producer and produced, but agents

in a continuous reproduction. What the facts are on this point, I am not prepared to say. We only know that the first case, to him who has all which occur in a village, town, or city, is a fact which has not been explained; the explanation of which might essentially aid in the solution of similar questions. But the disease may be removed, it was said. Yes, just as may erysipelas, that "leprosy of the wall" of the old Hebrews, by removing the residents from the hospital or the house, by exposing these to the air more thoroughly, and for a long time; by whitewashing walls and ceilings, and by painting every other surface. By air and by water, we may here work wonders. Insulation, we are told, prevents the entrance, and so the extension, of the plague; so must it puerperal fever. How abundant the evidence that this fever may be at once stopped in its insulated invasions by the physicians and nurses leaving home, and alone, after the first case is over; or refusing midwifery engagements for a month or more! In its wider, truly epidemic visitations, this course might not be practicable; still, as far as it is practicable, every means should be used to make its limits as narrow as possible.

I have asked whence the *first case*, in that strange invasion and continuance of the disease, in which it is confined to the practice of one physician? Whence the *first case*, when the disease confines itself to a single ward in a hospital, leaving all the others free and healthful? And I might ask why the immunity of the great Copenhagen Hospital, in which this fever was once so destructive? I answer, we know not. We know no more of the ordinary *epidemic* forms under which the disease occurs. The first case is as great a mystery in this, and the last one an equal mystery as the first.

These facts, it may be, have led men of fair minds, and of large observation, to question the contagiousness of this fever; and their own practice may confirm to them this denial of a specific contagion. But to those who have looked on both sides of the shield, who have felt the value in all philosophy and facts of the *audi alteram partem*, and who have personally learned, yes, from their own immediate agency, that they may have been, nay, certainly have been, the direct agents in the communication of so fatal a malady—to such, cases like that of Gooch, in which the physician after long absence returns to his midwifery practice, and loses his very first patient, are not mere coincidences. To such, the hospital experiences and exemptions alluded to, have not power for a moment to divert them from the truths which their own sure experiences teach. They look facts in the face. Their own facts are forever before them, and out of these come lessons too eloquent, too authoritative for them ever to resist or gainsay. Most kindly, in the spirit of true friendship, that which binds sciences and their votaries in one and the same object, which consecrates them all to the great work of humanity—in this spirit, this subject is commended to those who have no personal observation, no experience of the fatal ten-



dency of puerperal fever to communicate itself through and by those who are professionally engaged in its service; in the earnest hope that they will never seek to diminish the sense of that responsibility, of that duty, which demands of the whole profession, at whatever sacrifice it may be required, to be ready to do all in its power to prevent the communication of so fatal a malady.

WALTER CHANNING.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

FEBRUARY 26th.—*Peculiar Form of Spina Bifida.* Dr. J. B. S. JACKSON presented for the Society's cabinet, and in the name of Dr. E. D. G. PALMER, a cast of the tumor which was taken by an Italian artist when the subject of the case was seven months old. The child is now 2½ years old, and a fine, healthy little girl.

The tumor is situated over the sacrum, extending somewhat over the hips, and is nearly or quite half as large as the fist; ill-defined, and fleshy to the feel, like a fatty tumor. The integument is continued over it, and is perfectly healthy, excepting at one part, where a little tumor, nearly the size of a nutmeg, and tolerably defined, rises above the surface, and forms a very striking object; it is of a bright red color, and has an excoriated, soft, fluctuating aspect as if the spinal membranes might be protruding there, though to the feel it has quite a fleshy consistence. It is evident, however, that the proper cutis is not continued over it. This little tumor has always appeared as it does now, and there has never been any discharge from it. At another part, also, there is a form of nævus of the skin; a faintly-discolored, dull-red patch. The tumor at birth was larger than a goose egg, and it has grown with the child's growth.

From the time that the child was able to creep it has never been able to move the toes nor the feet; and there has always been a partial incontinence of the urine and fæces. The legs, however, can be freely flexed and extended; and the child now goes about the room, by taking hold of chairs and other objects. In consequence of this freedom of motion both ankle-joints have become relaxed, so that the child, when erect, stands upon the ends of the tibiæ, with the soles of the feet turned directly outward: at other times, however, the position of the feet is perfectly natural, and there is as yet no excoriation nor callosity. The feet are always disposed to be cold and sublivid; condition of the sensibility not satisfactorily ascertained.

The general health, as above stated, has always been perfectly good, though the child has been subject to chronic abscesses about the hips and thighs.

Dr. J. has recently examined the child with Dr. P., who had been induced to present the cast in consequence of the publication by the Society of similar cases in a late number of the Boston Medical and Surgical Journal (February 22d).

FEB. 26th.—*Dislocation of the Crystalline Lens, resulting from a blow on the eye received some time previously.* Reported by Dr. WILLIAMS. The patient, a gentleman of middle age, was struck in the right eye by a piece of wood about four weeks since. The upper lid was slightly wounded, but

no apparent injury was sustained by the eyeball. Though he became faint, from the severe pain caused by the blow, no other consequences seemed to follow the accident than an inflammation of the conjunctiva, which was readily subdued by his physician. Some two weeks before he was seen by Dr. W., he suddenly lost the sight of this eye, and, since that time, has been much embarrassed in walking or looking at objects, unless the eye were covered, so as not to confuse the vision of the other. On stooping forward, or when lying on his back, vision is restored, but, on assuming an upright position, he instantly loses all distinct perception of objects with this eye, when his head is raised to a certain point. The iris is tremulous, as if the lens had been dislodged from behind it. Requesting him to stoop forward, and then raise his head very carefully, Dr. W. was able to detect the lens, which regained nearly its normal situation while he was in the stooping posture. As the head was elevated, and simultaneously with the declaration from the patient of sudden loss of sight, the lens was seen to fall backward and disappear behind the lower part of the iris. It seemed to have become slightly cloudy, but not enough so to interfere in any great degree with the transmission of light.

By the aid of cataract glasses for this eye, the patient can see distinctly and without confusion, and can read the finest print. But his head must be kept in an erect position, otherwise the replacement of the crystalline lens renders his glasses unserviceable.

FEBRUARY 26th. *Malformation.*—Reported by Dr. COTTING. The patient was a child, and presented the following malformations. The lower jaw falling within and behind the upper—its arch having at least three fourths of an inch less radius than that of the upper. The chin flattened and depressed. Mouth of normal size. The hard palate completely fissured. No trace of the uvula to be seen, nor of soft palate, except at its pillars, the anterior of which were very diminutive. The tonsils were remarkably prominent and seemed to fill the whole isthmus of the fauces, except *below*, where they separated and left a small opening through which the tongue disappeared (or was swallowed) at every inspiration. The tongue was of natural size—and occupied the usual place, when thrown forward by the expiration, but at each inspiration it retreated into the pharynx and was lost to sight. The respiration was greatly embarrassed by this condition and mobility of the tongue. Nevertheless, swallowing of fluids was accomplished without much difficulty.

In other respects the child was well formed, but feeble; it was born at full time.

Dr. C. saw the child on the *third* day after its birth. It was then exhausted, purple, nearly asphyxiated, and died in a few hours. No autopsy, not even permission to see the body, was allowed.

The mother stated that when pregnant, and three or four months gone, she punished one of her children *very* severely—so that he cried excessively, strangled, choked, grew black in the face, and remained in a bad way all the night following. She became very much alarmed, and grieved for the wrong she had done. She felt sure that the next child would be marked, in consequence of the wretched looks of the punished one, which haunted her. On the first cries of the infant, she said they resembled those of the punished boy, and wished the child examined to ascertain if all was right. She fully believes that the malformation was caused by the occurrence above stated.

FEBRUARY 26th. *Extensive Injury following Congelation of the Knee,*



*while Coasting.* Reported by Dr. CABOT.—A slender boy, 15 or 16 years of age, who had been previously in very fair health, notwithstanding his delicate appearance, after coasting for a long time on the coldest day of the past winter, was found to have frozen the parts about the left knee. He had not felt the slightest pain until after reaching home; but by 12 o'clock at night, pain was so violent as wholly to prevent sleep. Inflammation pervaded a space of five inches in diameter, the patella being the centre of measurement. The trouble increased, and twelve days after the accident he entered the Massachusetts General Hospital. There was, at the time of his admission, a slough five inches in diameter, of nearly circular shape and detached throughout most of its circumference. This became gradually removed, exposing the joint and showing the whole anterior face of the bones—the patella hanging by its ligament, at the inside of the opening; the tendon of the rectus muscle destroyed. When he came into the Hospital his pulse could hardly be perceived; appetite and strength were nearly gone. *Treatment*:—Stimulants, opiates, tonics, hot poultices, yeast poultices.

April 24th, 1855.—Patient is now improving, but feeble; surface of injured parts granulating finely; limb drawn backward; joint rather painful; occasional cramps in the muscles of leg and foot.

FEBRUARY 26th. *Empyema:—Operation of Paracentesis Thoracis.*—Dr. BOWDITCH referred to the case of the lady whose chest he had punctured several times, and of which he had previously given a brief account to the Society, in connection with Dr. Atlee's case (*Extracts*, Vol. II., p. 152. *Amer. Jour. Med. Sciences*, January, 1855). On the 8th of December last, a small abscess, near the edge of the ribs of the left side, was punctured with a lancet by Dr. Hurd. A quantity of pus was discharged from the thorax, and a fistulous opening remained, the discharge from which kept the patient constantly moistened. She improved daily, for some time; whenever the discharge diminished, a cough commenced, and, about the 6th of January, it became very violent. At this time another abscess began to declare itself, by pain, &c., between the 2d and 3d ribs, in front—and on the 13th of January it was quite prominent, soft, red, fluctuating and very superficial over a space of one inch and a half in length, by three fourths of an inch in width. The respiratory murmur was gone, and perfect flatness on percussion existed below the site of the abscess. It was evident that the lower fistula failed to discharge the fluid, and that a new opening was being prepared by nature. The cough was very constant and severe. Pulse 116; there were night sweats. Digestion was good; the patient was not confined to her bed, but still superintended, though with difficulty, most of her household duties. At this period, a large trocar was introduced between the 9th and 10th ribs; pus instantly spouted from the canula. One half an ounce of liquor iodini compositus (United States Dispensatory) was injected, with warm water. The canula was plugged, and directions given to have it opened twice daily. Nutritious diet was ordered; opiates, also, if needed; injections two or three times a week. From this time until January 28th, the patient improved very much; the cough almost wholly left her, and all the unpleasant symptoms subsided. The canula caused little actual trouble. On the 28th, cough began to be again violent and there was severe pain in the *right* side, accompanied by a distinct rubbing-sound. Pulse 120; chills, heat, sweats.

All these symptoms, however, gradually subsided under sinapisms, opiates, and the continued use of fusel oil, which had been previously ad-

ministered. The rubbing-sound continued, and was heard on the 10th of February. Meanwhile the injections had been continued, and the left lung was evidently improving, as proved by the slowly-developing respiratory murmur, and the return of the heart to its normal position. On the 10th, the patient felt some pain from the canula during cough, and, on the 12th, Dr. B. removed it and introduced one of half the size and length (one inch and a quarter long, diameter of the tube one eighth of an inch). On the 16th (February) this was *coughed out* during a severe paroxysm, and no discharge occurred from the opening subsequently. The patient improved daily, and at the present time is quite comfortable. She is regaining her flesh, coughs scarcely at all; the respiration is feeble in the left chest, but there is no rale anywhere; she attends to all necessary household duties; there is little or no distortion of the side, and the point of puncture has simply a scab covering it. No puckering of the adjacent skin, such as is usually seen around an old fistulous opening.\*

Dr. J. B. S. JACKSON remarked the analogy between these cases and diseased joints, in the use of the remedial measure. He inquired if puncture should be made in cases where pneumo-thorax existed?

Dr. Bowditch had lately done this with great relief.

Dr. JACKSON spoke of the attainment of a degree of recovery from pneumo-thorax, which enabled the patient to attend to business. Such cases may have been those of an early stage of tuberculous affection.

Dr. MINOT thought it possible that error of diagnosis might sometimes occur in these cases of pneumo-thorax, there being metallic tinkling, without perforation. He referred to cases reported in the "*Archives Générales de Médecine*," and to a case observed in Cambridge, in which the above sign was remarked, but the patient is now well. There might have been pleurisy without perforation, and perhaps there was no tuberculous disease.

Dr. C. E. WARE said that in a case of pneumo-thorax, observed by him, there were tympanitic sound on percussion and also gurgling, at the apex of one lung; no perforation existed; gas, eliminated into a cavity at the said summit partially filled with pus, had caused the phenomena.

Dr. SHATTUCK mentioned recovery from tuberculous pneumo-thorax. The patient was a mason, who lived for three years after the attack, and died of another disease.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 17, 1855.

### THE AMERICAN MEDICAL ASSOCIATION.

THE session of this body, which has just closed, while it was characterized by the most unbroken harmony in all its proceedings, and by the great value and importance of the scientific communications made, was also, we will venture to affirm, unsurpassed by any yet holden, in the number and variety of the objects of interest exhibited to the members of the Association, and in the generous hospitality shown them during the whole of their stay in the beautiful city of Philadelphia.

\* March 10th.—Patient continues in nearly the same state; is able to attend to most of her duties.



We have already alluded, in a somewhat desultory manner, to the business proceedings of the session—and gratefully remembering the numerous attentions shown, and the hearty welcome every where extended, we wish to put a few recollections upon record. To the “Committee of Arrangement” the thanks of the Association are eminently due, for the complete and efficient discharge of their multiform and onerous duties. So quietly and smoothly did everything move on, that while we were well aware how much time and attention this management must have required, we daily admired the tact and good judgment which so unostentatiously, yet so thoroughly, directed the whole. Dr. Hays, the Chairman of the Committee, was certainly never *more* successful in any of his undertakings, and this, as every one will allow, while it is saying a great deal, expresses not one whit too much. We would particularly notice the great utility of the handsomely-prepared volume, a copy of which was presented to each member of the Association who duly registered his name. This little book contains the names of the Officers of the Association; of the Committees who were to report; the “code of ethics” of the Association; short accounts of places of interest to be visited; a map of Philadelphia, &c. &c. A publication of this sort is almost indispensable at such a time.

The delegations from the several States (twenty-six States being represented), were very full; five hundred and twenty-three, we believe, is the entire number of registered names. The members who so inclined were conveyed in commodious coaches, sixteen in number, to visit Girard College and Fairmount Water Works. At the College they were kindly received by President Allen, who conducted them over the magnificent and completely appointed building—the boys, in two or three of the school-rooms, being kept sitting for a while, that the visitors might pass through and inspect them. Every one must have been impressed by their neat, orderly and contented appearance. Great credit is due to the managers of this Institution and to its officers generally. Not the least pleasant part of this visit was the ascent of the members, *en masse*, to the roof of the building, whence a most imposing and extensive view of the city and its environs is obtained. The solidity of the building, and its faithful and costly construction, are worthy of special note. It is well known that the *roof*, even, is of stone, and of immense strength and weight. We remarked but one individual who hesitated to ascend, and he, indeed, retired, seemingly apprehensive that the additional weight of the visitors might be too much for the supports of the roof! We are happy to state that the latter did *not* fall in! The medical wisdom of the land escaped entombment beneath *that* marble!—We were sorry to observe that some person or persons had entertained the erroneous idea and carried it into practice, that *tobacco-juice* is ornamental to clean, white marble steps.

Several other excursions were made, with universal satisfaction;—to the Philadelphia Hospital, an immense establishment, comprising within its walls a lunatic hospital, admirably managed; paupers are the chief inmates of this institution; the area covered by it, is, we were told by the gentlemanly and efficient resident physician, Dr. Campbell, *sixteen acres*. The amount of labor done by Dr. C. and his assistants must be very large, and, so far as we could observe, nothing was neglected.

The reception of the Association in Independence Hall was exceedingly gratifying. To visit this famous spot, in itself alone, is no slight privilege; to be eloquently greeted, and made to feel “*at home*” in it, is much more. We are happy to know that the beautiful Address of his Honor, Mayor

Conrad, is already printed, in conjunction with the appropriate presentation speech of Dr. Hays, and that they both will be incorporated in the next volume of "Transactions."

We refer with great pleasure to the various elegant and delightful entertainments offered to the Association by several of the physicians of Philadelphia, some of whose houses were thrown open every evening, and a hearty welcome given to all the invited guests. When the numbers of the Association are remembered, the extent of this noble hospitality may be, in a degree, estimated. Not only was the outer man most sumptuously provided for, but the lovers of the fine arts and of scientific rarities were gratified to the full. The very valuable conservatory of Dr. George B. Wood, President of the Association, was lighted for the inspection of visitors, with the gardener in attendance. This rare collection is chiefly composed of medicinal plants, and was gathered, as we learn, by its owner for the purpose of illustrating his lectures. Drs. Wood, Bache, Hodge, Jackson, Pancoast, Norris, Paul, Alfred Stillé and Hartshorne, sent cards of invitation to the members of the Association, who gladly accepted, and seemed to have attained the *ne plus ultra* of enjoyment at each of their entertainers' houses. We are happy to add that we observed no very marked infringement of that propriety which should ever accompany the gentleman, even in the hilarity of a large assembly not under the eye of ladies. We must admit that certain individuals, in one or two instances, seemed somewhat forgetful of what they owed to their hosts and to themselves;—and this, while from motives of high courtesy it was apparently unobserved by the former, was all the more worthy of reprehension. For ourselves, we are heartily glad that no public entertainment was given to the assembled guests, for, aside from the enormous and unjustifiable expense incurred, and which, of itself, would finally defeat the objects, and virtually annul the meetings, of the Association, it would be disgraceful to have a renewal of certain scenes that have transpired. We hope, therefore, that the example of our Philadelphia brethren will be followed hereafter. A more generous, elegant and *appropriate* hospitality we have never witnessed.

The Association may consider itself most highly complimented by the cordial reception given to them by Mr. Lea, of Philadelphia. Having an ample fortune at his command, he has indulged an exquisite taste, by the accumulation of a large number of exceedingly valuable paintings and other works of art, and these are admirably arranged in his really magnificent mansion. We can say with truth, that it is worth a journey to Philadelphia merely to see these treasures. When, in addition, all that a courteous gentleman could devise, to please his visitors, is done, we cannot too gratefully express our acknowledgments. Mr. Lea was assisted in doing the honors of his house, by his son (of the well-known firm of Blanchard & Lea), to whom our thanks are especially due for very pleasant attentions. Upon so agreeable a theme, we might fill a far larger space than we can command. Many gentlemen (ourselves among the number), can testify to the polite invitations to private tables and to the delightful intercourse of family circles. Under such *treatment* we prognosticate a decided proclivity on the part of all present, to fall into the same way again! And we make no doubt that our friends of the far North-West, will, next year, welcome the Association in the warmest manner and with the happiest anticipations. We can testify to the very decided wish (we might almost term it *will*), that Detroit, Michigan, should be the next place of meeting—and which was finally so settled. Nashville, Tenn., contested the matter bravely.



This eagerness upon the point, clearly shows that the profession throughout the land feel the beneficial influence of the "American Medical Association."

During the latter half of the session, Dr. Storer, of this city, circulated among the members copies of the following stanzas, sent to him by Dr. O. W. Holmes, in expectation of a public entertainment being given. Having by no means been so generally seen as their beauty and appropriateness deserve, we give them, in this pleasant connection, by permission of their author.

A TRIPLE health to Friendship, Science, Art,  
From heads and hands that own a common heart!  
Each in its turn the others' willing slave;  
Each in its season strong to heal and save.

Friendship's blind service, in the hour of need,  
Wipes the pale face—and lets the victim bleed.  
Science must stop to reason and explain;  
ART claps his finger on the streaming vein.

But Art's brief memory fails the hand at last;  
Then SCIENCE lifts the flambeau of the past.  
When both their equal impotence deplore—  
When Learning sighs, and Skill can do no more,  
The tear of FRIENDSHIP pours its heavenly balm,  
And soothes the pang no anodyne may calm!

May 1, 1855.

And thus, under the most favorable auspices, without and within, closed this, the eighth annual meeting—nothing wanting, not even the touch of poesy, to complete and preserve its agreeable reminiscences.

#### BLANCARD'S PILLS OF THE IODIDE OF IRON.

MESSRS. THEODORE METCALF & Co., No. 39 Tremont Street, have lately been appointed agents for the sale of the above form of this valuable preparation, for this city and all the New England States. We need not enumerate the advantages of this well-known remedy. First employed, medicinally, by Dr. Pierquin, in 1824, it has been used with distinguished success, since that time, on the European continent, and it was introduced to the profession in Great Britain by the late celebrated therapist, Dr. A. T. Thompson, in 1834. Professor Samuel Jackson, of Philadelphia, first employed it in this country in 1832.—(*U. S. Dispensatory*.) It has hitherto been mostly used in solution, on account of the difficulty of retaining it in pilular form. Prof. Bache directs it never to be given in pills, "its deliquescent property and proneness to decomposition" contra-indicating. In Edinburgh, Paris & Lyons, attempts were made, long since, to prepare it in pills, the salt being protected by saccharine matter. In our Dispensatory, however, it has even been suggested that "the solid iodide of iron might well be dispensed with in the Pharmacopœias."—(*Sixth Edition*, 1845.) Mr. Metcalf has sent us some of Blancard's pills, and we would advise all those practitioners who have not used or seen them, to examine and try them. In the words of the accompanying advertisement, they "are of a very small size, smooth, brilliant, and of a smell and appearance which cannot cause any unpleasant feeling to the patient." The taint of quackishness in no wise attaches to this preparation; it has had the sanction of the French Academy of Medicine, and the well-merited reputation of the Boston agents is, of itself, a sufficient guarantee in this respect. A decided test of the complete protection afforded by the coating of the salt as thus prepared, is given by the complete absence of tarnishing upon "the small seal of re-active silver," which is attached to the lower part of the cork of

each bottle of pills. In many cases, months have elapsed without showing the least stain, thus demonstrating the perfection of the process. Each pill contains one grain of the iodide of iron, and is covered with porphorized iron and balsam tolu.

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#### MONSTROSITY.

AN interesting case of monstrosity is now on exhibition at Amory Hall, in this city. It consists of two female negro children, united by the sacra; the two bones appearing to be fused, throughout their entire length. The children are living, and are about three years old. They are in good health, and are as lively as most children at that age. So far as an opportunity was afforded us for examination there appeared to be one anus, and two meatus urinarii. We could not observe that there was any vagina. In other respects the children were perfect. Of course when one advances forwards, the other is compelled to walk backwards, but they can also execute a sideways movement, in an awkward manner. One child is somewhat larger than the other, and its pulse is slower than that of its fellow by several beats in the minute. In consequence perhaps of their position, there is much more individuality in the two children than is the case with the Siamese twins, who, as is well known, exhibit a remarkable consentaneousness in their movements and even thoughts, being, in this respect, almost like one individual, and being incapable of conversing with two separate persons. These children, on the contrary, converse, play and quarrel with each other, exactly as if they were not united by an indissoluble bond.

The mother of these children, a negress, exhibits the remarkable phenomenon of a gradual change of color, the pigmentum nigrum having almost wholly disappeared from the skin, though remaining in patches on the face and hands. This process appears to consist in an absorption of the pigmentum, without any other change in the texture of the skin.

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*Propagation of Infectious Disease.*—We notice in a late number of the *Lancet* the following statement, made at a meeting of the Medical Society of London. It seems hardly possible that the effect should be produced by the alleged cause, but the subject is worthy of investigation.—“Dr. Routh mentioned a fact of some importance, as he thought, in respect to the spread of disease. About one hundred years since, an epidemic of smallpox had prevailed amongst the Indians at Quebec. It was most general and fatal, and the victims of the disease were buried in one cemetery. Lately the cemetery had been disturbed and opened to make improvements in the town. Smallpox immediately after made its appearance, commencing in the neighborhood of the cemetery, and spreading from thence throughout the city.

“Dr. Gibb, had knowledge of the fact mentioned, and was about to publish an account of the matter.”

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*Annual Meeting of the Connecticut State Medical Society.*—This venerable Association, having adopted the plan of the Massachusetts Medical Society, in holding its annual meetings in different parts of the State, convened the present year at Norwich. The meeting took place on Wednesday of last week, the 9th inst., and was attended as usual by delegates from the several County Societies of the State—comprising many of the most prominent medical men of Connecticut. Prof. Knight, of New Haven, and other teachers in the Medical School of that city, honored and enlivened the meeting with their presence. The hospitality of the profession and



others in the city of Norwich, was extended most liberally and cheerfully to the fellows of the Society and their invited guests—among the latter of whom were some from the medical ranks of the neighboring States. The physicians of Connecticut, mostly natives of their own soil, always compare favorably with their medical brethren when they mingle with them abroad; and at this meeting it was shown that they can be equally successful in receiving and treating them at their own homes.

*Boston Medical Association.*—The annual meeting of this Association was held on Monday the 7th ult., when the following officers were elected. *Standing Committee*—Drs. Buck, Storer, Dale, Shurtleff and Williams. *Secretary*—Dr. Minot. On motion of Dr. Gordon, a Committee was appointed to consider the expediency of revising the fee-table, to report at an adjourned meeting, next Monday. This subject is one of importance, and we trust there will be a full attendance. Nine gentlemen have joined the Association since the last annual meeting; and four members are deceased.

*Massachusetts Medical Society.*—We would remind the members of this Society that the next annual meeting will be held in Springfield, on the last Wednesday in June, instead of May, as heretofore.

*Medical Miscellany.*—Prof. Sandford B. Hunt has become the proprietor and sole editor of the Buffalo Medical Journal; Prof. Austin Flint, the senior editor, and the founder of the Journal, retiring from its management.—Dr. E. R. Peaslee has again successfully performed the operation of ovariectomy.—The Ohio State Medical Society has passed a resolution, unanimously, that “it is not derogatory to the medical profession to hold patents for surgical and dental instruments”—thereby conflicting with the code of ethics of the American Medical Association.—The last number of the New Jersey Medical Reporter contains an interesting biographical memoir of Nathan S. Davis, M.D., now of Rush Medical College, Chicago, with a beautifully engraved portrait.—The “Stethoscope” Medical Journal, which has been published for the last year or two at Richmond, Va., under the direction of the Virginia State Medical Society, who are its proprietors, is to be sold at auction, by vote of the Society.

*Pamphlets Received.*—Improved Forceps for Hare lip Operations, &c.—Report on amending the existing Statute respecting Vaccination—“Senate.”—Abstract of Returns of Criminal Cases tried before Justices of the Peace and Police Courts throughout the Commonwealth, for 1854.—Protracted Valvular Disease of the Heart.—Report of the Commissioners on Lunacy.

Several Communications have been received since our last issue.

*MARRIED.*—On the 9th inst., Dr. Tappan E. Francis to Helen, daughter of Dr. Samuel Shurtleff, both of Brookline.—At Thetford, Vt., 1st inst., Dr. Moses W. Kidder, of Boston, to Miss Frances M. Palmer.—In Waynesboro’, Ga., 6th inst., J. A. Harlow, M.D., of that place, to Miss Mary E. Keegan, of Thomaston, Me.

*DIED.*—At Hartford, Ct., 8th inst., Dr. W. Hutchins Carter, aged 40.—On board ship Nor Wester, on the passage from Honolulu to Boston, Feb. 7th, of consumption, Dr. Cyrus B. Clark, of Mansfield.

*Deaths in Boston* for the week ending Saturday noon, May 12th, 78. Males, 41—females, 37. Accident, 1—asthma, 1—apoplexy, 1—burns, 1—congestion of the brain, 3—consumption, 16—convulsions, 5—croup, 3—cancer, 1—dysentery, 1—diarrhœa, 1—dropsy, 2—dropsy in the head, 5—debility, 1—infantile diseases, 4—puerperal, 1—hooping cough, 5—disease of the heart, 5—inflammation of the lungs, 3—marasmus, 1—mortification, 1—old age, 2—pleurisy, 1—premature birth, 1—palsy, 2—rheumatism, 1—smallpox, 7—teething, 2.

Under 5 years, 37—between 5 and 20 years, 9—between 20 and 40 years, 16—between 40 and 60 years, 9—above 60 years, 7. Born in the United States, 49—Ireland, 23—England, 1—Scotland, 1—British Provinces, 3—Flores, W. Isles, 1.

*On Ulceration of the Frænum of the Tongue in Hooping Cough.*—By Dr. GAMBERINI.—(*Annal. Univ. de Med.*, 1854, and *Archives Gen. de Med.*, *Fevrier*, 1855.)—The very frequent existence of little ulcers on the frænum of the tongue in hooping cough, has been noticed by two or three observers. Since 1844, Gamberini has looked for its presence in all the cases seen by him; he finds it generally, but not always, present, even in the most severe cases. The ulcer has seldom a round form; usually it lies transversely across, and cuts the frænum; it may be placed on the inferior surface of the tongue, near to, but not on, the frænum; it is never preceded by a vesicle, but commences at once as ulcer. Gamberini thinks this ulcer is produced mechanically, by the projection and laceration of the frænum against, and by, the teeth during the violent paroxysms of cough; it is in those cases in which the tongue, during the cough, is not carried against the teeth, but is retracted somewhat towards the pharynx, as sometimes happens, that the ulceration is absent. If the incisor teeth are of unequal height, the ulcer exists only, or is deepest, at the point where they project most. In one case in which the teeth had not appeared, there was no ulcer. In other cases of convulsive cough, Gamberini has not found the ulcer, but he does not regard this as militating against his explanation of its origin.—*Brit. & For. Medico-Chir. Rev.*

*On the Absence of Typhus in the Tropics, and in the Southern half of the Earth.*—By Dr. M——. (*Hinle's Zeitschrift für Rat. Med.* 1854, *Band v.* p. 256.)—In an interesting paper, this anonymous writer passes in review the various evidences found in writers which show that the European typhus is unknown, or almost so, in the tropics and in the southern hemisphere. He appears to be extremely well read in English literature, and draws many of his illustrations from English authors. He has not even omitted the late observations on the occurrence of three cases of typhoid fever in Burmah, by Mr. Scriven (in *Medical Times and Gazette*, February, 1854); but he considers these to be doubtful. His conclusion is that "Typhus is a disease only of the northern temperate zone, and that its southern limit is the isothermal line of 72 deg. Fahrenheit; it does not occur in the southern temperate zone, or at any rate it is not endemic there."—*Ib.*

*Substitute for Cod-Liver Oil.*—At the last meeting of the Liverpool Chemists' Association, Mr. Mercer produced a sample of oil imported into that town under the name of Shark-liver oil. It possessed a peculiar interest in consequence of its low specific gravity. Until now, sperm oil, which has a specific gravity of .875, was the lightest oil known; but the specific gravity of shark oil was only .866. It came from Marseilles, and was stated to have been procured from sharks caught on the coast of Africa.—*London Lancet.*

*Chloroform in Delirium Tremens.*—In a case which had continued for two days when the patient was first seen, Mr. White found the extremities cold and a pulse of 60. The patient could not articulate in the least, nor even make a vocal sound. Notwithstanding the administration of laudanum and acetate of morphine, infusion of spearmint, etc., there had been no sleep for 48 hours, and vomiting was constant. The feet were warmed by bottles filled with hot water; sinapisms were placed upon the legs and abdomen; the head was shaven, and cold applications continually made to it. Subsequently Mr. W. gave 30 drops of chloroform in a teaspoonful of brandy, every two hours. After the third dose the patient slept for two hours, after four days of sleeplessness. Thirty drops more of chloroform were given, on his awaking, and with the good result of inducing sleep during a period of from six to eight hours, after which the restoration to health was rapid.—*Dublin Hospital Gazette*, in *Gazette Medicale de Paris*, *March*, 1855.

*The Smallpox.*—The Special Committee of the Legislature, of which Dr. C. H. Stedman is Chairman, to whom were referred the consideration of the expediency of amending the existing statute in respect to vaccination, have made their report, and propose "an Act to secure general vaccination." The report is an able document, and contains valuable information in regard to the terrible scourge which has swept so many millions of human beings into eternity. The Bill which accompanies the report, makes it compulsory on parents, guardians, overseers of charitable institutions, prisons, the select men of towns, and mayor and aldermen of cities, &c., to see that all persons who may come under their charge, are duly vaccinated; any neglect of this duty shall be punished by a fine of five dollars for each and every year of such neglect.—*Boston Daily Bee.*



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## POLYPI OF THE UTERUS.

[Communicated for the Boston Medical and Surgical Journal.]

REPORTS of cases have, usually, a practical value. In presenting the following sketch, the principal object is to show the importance of making a correct diagnosis. A very instructive case is reported in the American Journal of Medical Sciences, October, 1854, page 397, among the "Extracts from the Records of the Boston Society for Medical Improvement." It is a cause of regret that an operation so feasible had not stayed the ebbing tide of life. On the other hand, a conservative principle should guard against unnecessarily heroic treatment, even though its result may place upon record the *only* successful case of a formidable operation.

CASE I.—February, 1838. Widow B., of York, Me.; aged 48; not sterile; has been treated for several years past, by different physicians, for simple menorrhagia. She is perfectly blanched and anasarctous. The rational symptoms of polypus have existed strongly enough, yet no sensible sign has hitherto been sought. The touch reveals a large polypus wholly within the uterus, the os being dilated to the size of a half dollar. Slight hemorrhage was caused by the examination.

Considering the almost bloodless condition of the system, I deemed it the most safe course to prescribe a generous diet, tonics and absolute rest; and to defer any attempt to remove the tumor until it descended naturally into the vagina. I did not see her again until the next August, six months afterwards, when I found the pelvis completely filled by the polypus, which had descended without pain. The neck of the uterus and of the tumor could only be reached at the anterior part. The peduncle was as large as a man's wrist. I applied a strong silk ligature, after Dr. Clarke's method. The time required for its separation was four weeks, the ligature being tightened once a week. The fetid discharge and the absence of hemorrhage showed that complete strangulation was maintained. The day after the canula came away, I found her with regular expulsive pains, which she had had through the night. The polypus was soon removed with midwifery forceps. Its weight was two pounds; its texture, fibrous. With no unfavourable

vorable symptoms, she soon recovered her strength and color, and resumed her labors as nurse.

CASE II.—This case affords an instance of another species of polypus (the mucous) occurring in the same individual.

July, 1840.—She has had some uneasiness in the pelvis since January last, but no hemorrhage. Her general health is good. A soft, non-pedicated, smooth tumor, nearly an inch in diameter, is growing from the vaginal surface of the neck of the uterus, near the os tinæ. No treatment was adopted. In November following she came with her abdomen enlarged as at the ninth month of pregnancy. Diagnosed it to be flatus, and prescribed pil. rhei comp. ter in die, p. r. n.—The tumor had increased but little, and there had been no hemorrhage. I did not see her again till July, 1842, when she requested the removal of the tumor, as it escaped through the vulva in making much exertion. She gave me the following brief history. The pills relieved her entirely of the abdominal swelling. In December she commenced menstruating apparently, and continued “regular” till November, 1841, when she was “unwell” for five weeks, and has had no colored discharge since. The polypus is about the size and shape of a hen’s egg, attached by a comparatively broad base, partially covering the os uteri. It was ligated, with facility, by a loop of silver wire through a single canula, which came away on the fifth day. The polypus, like all of this and the vascular species, decayed entirely, and “like the baseless fabric of a vision,” left not a trace behind. Six years afterwards, I learned that she continued in good health.

CASE III.—An old lady, of 60 years, from D——, N. H.; voids her urine with difficulty. Rational signs of mechanical obstruction.

Without making a sensible diagnosis, her physician had directed her to sit over smoking coals; which, however, did not cure her. It is a case of polypus of the urethra, size of a large pea, partially concealed by the mouth of the canal. Ligated it with a horse-hair, and the patient returned home.

CASE IV.—October, 1838. Widow S., between 35 and 40 years of age, has slight leucorrhœa, and, on evacuating the bowels, often discharges a few drops of blood from the vagina. A soft, vascular polypus, the size of an acorn, is attached, by a small pedicle half an inch in length, to the upper and back part of the vagina. It was torn away with pocket-case forceps, although this was not a very convenient instrument for the purpose. The silver-wire ligature, which I afterwards procured, is the most simple and convenient.

CASE V.—November, 1839. Mrs. G. has a large family of children; age, 50 years; has had hemorrhage for the last five years, yet she, being a *bon vivante*, is not so much affected by the loss of blood as by distressing pains which are more severe at each periodical discharge. She has wearied the patience of her experienced physician, and is waiting impatiently, through much



tribulation, for a crisis at the "turn of life." She consulted me informally, at the house of a neighbor. I told her the probable nature of her complaint, and the mode of relief. She seemed surprised, and said she had never heard of polypi except in the nose. In her next paroxysm I was summoned to attend her. Found her weltering in blood, and groaning with pains which she said were as severe as those of labor. A pyriform polypus, the size of the fist, occupied the vagina, and was attached to the whole circumference of the os uteri, by a base an inch in diameter. After giving an anodyne, I applied a loop of silver wire with a single canula. The ligature caused no unpleasant symptoms, and the polypus came off in a week. Laid open, it looked like bloody meat, and was sarcomatous. The long wished-for "crisis" was experienced, with joy.

CASE VI.—May, 1841. Widow M., mother of several children, having reached the critical period of life, has been treated by me, occasionally, during the last three years, for supposed idiopathic menorrhagia, as no organic disease of the uterus could be detected by vaginal examinations made at sundry times. At this time the os partially admitted the finger, by which a small polypus was detected occupying the cervical canal. Gave her ergot, and at my next visit, a few days afterwards, the polypus was pendant from the os tincæ, and not larger than the end of the little finger from the last joint. The wire loop was readily applied, and the canula came away in four days. The polypus, being of the vascular species, disappeared. She had no hemorrhage nor catamenia afterwards.

CASE VII.—June, 1842. Miss A., aged 46 years, has a son 24 years old; has flowed at irregular intervals for four or five years past. She supposed it to be the "turn of life," and has not consulted any physician for it till at this time. There is nothing remarkable in her appearance. A vascular polypus an inch in diameter is pendant, by a small pedicle, from the os tincæ. Ligated it with the wire loop, which came away in three days. Polypus *non est inventus*. She had no more hemorrhage, nor catamenia.

CASE VIII.—August, 1845. Mrs. T. was confined with her first child six weeks since, and attended by a neighboring physician, nothing unusual occurring. She has flowed a little ever since. An examination disclosed what I supposed to be a small portion of the placenta lodged in the neck of the womb, and which I attempted to remove, but found adherent, causing pain and a flow of blood. Regarding it, therefore, as an originally intra-uterine polypus which had sustained some injury in the labor, I applied the loop of silver wire. The canula and tumor came away separately, in three days. There was no hemorrhage after the ligature was applied. The decaying mass was an inch and a half in diameter, and of finer texture than placenta.

CASE IX.—1846. Mrs. C., aged 51; barren. While attending her for asthma, she remarked that she had thought she had got

to be an old woman, as she had not had her monthly turns for two years, till now, and did not know what to make of it.

A fibrous tumor is growing from the internal and left side of the neck of the uterus, which easily admits the finger. The tumor is of an oval form, three inches in length, and an inch and a half broad at its middle. The upper extremity is imbedded in the wall of the uterus, and the lower projects an inch below the neck. The discharge of blood is not great, and she says it does not trouble her in any way, therefore I waited further development.

January, 1848, two years afterwards. She says she is as well as ever she was, that she has not bled much nor often, and none since June. The vagina has adhered completely around the projecting portion of the tumor, which much resembled and is substituted for the neck of the uterus.

CASE X.—On the 27th of Jan., 1850, I was called to remove a polypus uteri from Mrs. J., of Greenland, N. H. The late Dr. Cheever, of Portsmouth, had declined to operate, as he had never had a case of the kind before. The patient was 35 years old, and had never been pregnant. She was blanched by long-continued hemorrhage. The polypus occupied and filled the vagina, having its origin from the cavity of the uterus. Applied the silver-wire loop with the single canula, carrying the wire beyond the reach of the finger, by means of a probe bent so as to form a hook looking towards the end, and fastened to a piece of whalebone for a handle. There was no pain upon ligating, and she had no more hemorrhage. The wire was drawn on the 30th, and February 3d. The canula came away on the eleventh day after the application. The polypus was removed by the aid of a tenaculum. It was of the fibrous species, and would, probably, weigh a pound. No unfavorable symptom occurred, and she convalesced rapidly.

CASE XI.—In January, 1855, Mr. G., of Maine, requested me to remove a small polypus from his wife, who was 40 years old, and barren. It was a pale, soft, pediculated, cellular growth from the inside of the left labium pudendi, not larger than the common bean, and was more inconvenient than dangerous. It was removed with scissors, with the loss of only a few drops of blood.

CASE XII.—April 12, 1855. Mrs. D., of B., N. H., aged 46, has three children, the youngest 16 years old. Has not been well since the birth of the last, and for six years past has had almost constant hemorrhage, the longest interval being one week. She has had no pain; some weakness of the back, with pelvic weight. About eighteen months since, her family physician made a vaginal examination, and discovered a tumor growing from the neck of the uterus. With this he did not like to interfere without counsel, which was had. As the tumor was irregular in form, it was feared to be cancerous, and the conclusion was to let it alone. The patient flowed on, abandoned all hope of recovery, and discontinued medical attendance as useless.

A female friend of hers who had heard of the Greenland case



(Case X.) advised her to send for me, which advice, after consulting me, was followed in April. The patient is of spare habit, pale and weak; appetite good, bowels constipated. The vaginal discharge varies in color from a florid to a pale hue, and is without offensive odor. The tumor originates from the anterior surface of the cervical canal, by a peduncle an inch and a half long and an inch in diameter. It is of a lobulated form, or, more strictly, tuberos; the main tumor being two inches in diameter, of an oval form, and turned at nearly a right angle with the peduncle, having two spheroid tubers, each about an inch in diameter, growing from it at its junction with the peduncle. A tubercle, the size of a small pea, is detected on the peduncle midway between its origin, and the tumor. The whole is covered with that perfectly smooth membrane so characteristic of polypus. "Though the shape of the pediculated fibrous tumor is commonly ovoidal or pyriform, they are sometimes botryoidal, flattened, angular, cylindrical, strangulated, and divided into lobes." (Colombat.)

The os uteri admits the finger beyond the attachment of the peduncle, and the cervix is free from scirrhus. Hemorrhage from the polypus attends the examination, as usual. Applied the silver-wire noose with the single canula, without difficulty. The ligature encircled the peduncle just above the tubercle before noticed, and caused no pain.

On the 17th I found her comfortable, having had no pain. The hemorrhage continued slightly for two days, owing, most probably, to the partial division of the peduncle by the ligature. The discharge now is that muddy, offensive slime which always attends the process of separation by the ligature. This, as in all cases, is ordered to be washed away daily by injecting warm water. The neck of the uterus is patulous, indicating the yielding of the whole morbid growth. The ligature, on being drawn, yielded but little. Further attendance is deemed unnecessary.

In a letter dated May 2d, a member of the family says—"The instrument came off the next day after you was here, and the tumor immediately followed; which was about the size of a hen's egg. Her health is now fast improving. She is much better now than she has been for a number of years, and we feel very grateful that your labors have been so successfully crowned."

EZRA BARTLETT.

16 *Henry st., East Boston, May 14, 1855.*

# REPORT OF A SINGULAR CASE OF DISEASE, ATTENDED BY PECULIAR NERVOUS SYMPTOMS.

BY EDWARD JENNER COXE, M.D., NEW ORLEANS.

[Communicated for the Boston Med. and Surg. Journal.]

BEFORE relating the symptoms of special interest in this case, it may be remarked that the patient, æt. 25 years, has with few exceptions always enjoyed good health.

On Saturday, February 10th, Mr. D. called at my office, complaining of not feeling well. The tongue was slightly furred, the eyes tinged yellow, appetite impaired but without nausea, pulse natural in volume and force, considerable uneasiness in the back. We attributed his ill-health to the sudden changes of temperature to which he had lately been exposed.

Viewing the case as one of a mild character, the result of cold with bilious derangement, I prescribed pulv. ipecac., gr. j. ; pulv. opii, gr.  $\frac{1}{4}$  ; blue mass, gr. viij., to be made into two pills, and taken at bedtime, followed the next morning by moderate doses of the syrup of rhubarb, and with some ferro-cyanate of quinine, as he had lately suffered from a slight attack of chills. For the pain in the back, I directed friction with a stimulating liniment, and the diet to consist of farinaceous articles, with gum water or flaxseed tea for drink.

On Sunday he kept quiet in bed, complaining mainly of the uneasiness or pain in his back, which upon pressure did not appear to be at all increased. The bowels had been gently moved ; the urine passed in moderate quantity, rather darker color than natural, and turbid. I directed a thick compress of towelling, soaked in salt water and alcohol, sprinkled with red pepper, to be applied to the back, with a towel over it, and retained by a band ; also a small mixture of a few grains of nitrate of potash with mucilage and sweet spirits of nitre, to take a small dose every two hours, and to confine himself to flaxseed and gum drink, with rice gruel. His confident opinion that in a few days he would be able to go out and attend to business, certainly did not indicate the existence of much suffering, or the supposition of any serious malady being in abeyance, which, however, in a few hours made its appearance.

At half past one, the same day, I was sent for in haste, Mr. D. being reported very ill and singularly affected. Upon my arrival in a short time, I learned that he had been suddenly seized with strong spasmodic movements of the muscles of the limbs, as well as of the abdomen and thorax, which last caused considerable distress and difficulty of respiration. Mustard poultices had been applied to different parts, and small portions of brandy and water given internally. I found him as follows, and necessarily was surprised, if not alarmed, at his position :—There were constant involuntary contractions of the muscles of the upper limbs, the lower to a less degree, without pain. The natural appearance of the face was altered, as was also that of the mouth, which was puckered



or drawn in, with inability to open it without difficulty. Protruding the tongue could be but partially done, and it did not present its natural shape. The pulse not much changed, weaker and slightly oppressed. The pupils were dilated. The brain not affected, as he spoke rationally, though not very distinctly, and complained mostly of pain or uneasiness in the head, as well as of pain in his back. At times there was considerable spasmodic action in the muscles of the thorax, rendering respiration difficult and labored, the act of inspiration evidently not easily performed. Besides the spasm of muscles, he complained of a numbness in the hands, extending up the forearms.

I confess I felt, for a time, at a loss in deciding upon the best or proper course to pursue. Stimulants, narcotics, antispasmodics, did not appear to me proper, and the propriety of general bleeding was not clear to my mind. Having ordered hot water for a foot-bath, I decided upon an emetic, and sent for the following:—Tart. emet., gr. j. ; ipecac., ʒj. ; ginger, ʒj. ; red pepper, gr. x. As soon as received, I mixed it in a tumbler of warm water, which was swallowed with some effort. Several tumblersful of warm water, in which table salt was dissolved, were given in rapid succession to hasten the operation of the emetic. In the course of a few minutes free vomiting was produced, aided by efforts of straining as far as possible, which was advised. The head was kept wet with cold water, while the feet were immersed in water as hot as could be endured, friction of the limbs being simultaneously carried on. The difficulty of inspiration occurred several times during the operation of the emetic, interfering somewhat with swallowing. Although there did not appear in the fluid ejected anything but what had been given, I was delighted to find an almost immediate and entire cessation of the spasms in every part of the body, as well as a more natural appearance of the face, with the ability to more fully open the mouth, and protrude the tongue. The patient was composed, and expressed himself as feeling greatly relieved. As he had previously been propped up on the couch, he was now laid down, directed to keep perfectly quiet, to allow no one to enter the room, and to have the room darkened in order to predispose to sleep. He complained of no pain whatever in any part of the body, had slight nausea, naturally to be expected, but the numbness of the hands still continued. Ordered small pieces of ice, a little ice water, and rice gruel if desired.

5, P.M.—Had dozed a little ; felt perfectly easy ; not the slightest return of spasm ; respiration full and natural, and face of natural appearance. Satisfied with his present condition, I decided upon letting well enough alone, consequently gave no medicine, ordering drinks as before, and if desired during the evening a little weak black tea, with a small piece of dry toast soaked in it.

10, P.M.—Continuing as well as when previously seen. The bowels not having been moved, I ordered the following pills, to

be taken at once :—Calomel, three grains ; opium, half a grain ; blue mass, six grains, to be made into two pills.

13th.—Passed a quiet night. Numbness diminished ; bowels moved once ; discharge light colored. Directed the half of a Seidlitz powder every two hours, until bowels acted on. Mutton and rice broth, tea and toast and rice gruel, for nourishment.

It is unnecessary to detail more, for convalescence was fully established. In a day or two he commenced going out to ride and walk, the numbness disappeared, and he resumed business and ordinary diet.

This gentleman has continued perfectly well to this day (February 21st) ; and although there can be no question of the benefit resulting from the emetic, I confess I am still at a loss to explain the cause of the pain of the back, so persistent until the moment of the exhibition of the emetic, the spasms of the muscles of the limbs, body and face ; why, with such astonishing effects, there should have been produced no increased pain on pressure, and why the operation of the emetic should so completely have removed every unpleasant symptom.

It may not be amiss to state, that from having witnessed several anomalous cases of what were supposed to have been cholera, in which I administered my favorite remedy, the perturbing emetic, of mustard, salt, &c., with perfect and immediate effect in a curative point of view, I was led to believe, under all the circumstances, the emetic given was the most likely to overcome the symptoms then presented. That the spinal marrow and nervous system were prominently implicated in the case related, will not be doubted. How it was so, I will not pretend to determine. With the result, I cannot but be perfectly satisfied.

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### Hospital Reports.

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#### MASSACHUSETTS GENERAL HOSPITAL.

*Fracture of Ribs with Emphysema ; Dislocation of Scapular end of Clavicle ; Delirium Tremens ; Recovery.*—(Under care of Dr. CLARK. Reported by CHAS. ELLERY STEDMAN, M.D., House-surgeon.) The patient, who is a very stout and hearty old man, 69 years of age, and a hard drinker, fell some 60 feet from a building in process of erection, and struck on his right side. He was brought to the Hospital, March 8th, at 11 A.M., two hours after the accident.

He was confused and did not answer readily. There was emphysema extending from the hypochondrium to the scalp on the right side, to so great an extent that the exact seat of fracture could not be detected. An unusual appearance about the right shoulder, looked, at first sight, like a dislocation of the humerus into the axilla. On further examination, the spine of the scapula could not be traced to the acromion ; the elbow could be pushed to the side and the patient could move his arm himself. The emphysematous condition of the parts gave a sound of crepitus that embarrassed the diagnosis ; but the clavicle could be traced to the projection on the top of the



shoulder, so as to leave no doubt that the acromial end of the clavicle was dislocated backwards. The parts assumed their normal appearance, when the humerus was jerked upwards and backwards, while the projecting end of the clavicle was depressed. The patient was blue and collapsed, pulse small. Some brandy was administered, and a moderately tight swathe, dipped in hot spirits, was applied to chest. The arm was bound to side, and the elbow supported by bandages. To have brandy *pro re nata*.

29th. Has worked his arm out of the bandages, and his shoulder is again out of place. Emphysema on the increase: patient resembles the figure of the "Light Dragoon" in military surgery; pulse is fuller. Other apparatus was applied, but was insufficient; it being inadvisable to place bandages near his neck, as he already has some dyspnœa; and nothing can be put around his chest on account of the fracture. May have a bed chair.

30. Much dyspnœa last night. Takes but little nourishment, as his gruel chokes him. Eyes closed by tumefaction. Neck more swollen than any other part of body, over the whole of which the emphysema has extended. His restlessness has displaced the dressings, but as he lies on the bed-chair with the elbow unsupported, the parts seem to be well in place. Breathes with much difficulty, and seems very low. Pulse 100, smaller than yesterday. Sponge neck with—Spirit, ℥iij.; Ether, ℥j.; Water, ℥iv. M. May have a purgative enema, after which an enema of Oj. of soup.

31st. Pulse 76. Emphysema somewhat diminished; has left eye open; begins to have some appetite. In evening, became delirious, and pulse fell. Got out of bed and fell on right side; is weak, tremulous, and has free perspiration; says brandy and rum is the best medicine for him. Brandy, ℥ss.; Elix. Opii, ℥j. M.; every two hours.

April 1st. Was trying to find his money in a basket under the bed, all last night. Was delirious till 9 A.M., when he went to sleep and snored vehemently, which he continued to do all day. Brandy every 6 hours. Broth. Enema.

3d. Mind not clear. Emphysema much diminished.

8th. Emphysema still in the body, upper extremities and scrotum. In the lower extremities, the air is felt only in the course of the femoral vessels. May have beefsteak and ale, and body sponged with an evaporating lotion.

9th. Complains of nothing but cough and weakness. Looks much brighter to-day.

10th. A compress is applied over fracture—2 or 3 inches in front of angle of ribs, with adhesive plaster and swathe.

15th. Emphysema gone, except a little near seat of fracture.

22d. Can bear some light dressing on shoulder, and can sit up, though still weak. The dislocation is apparent, but is not complete.

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*Acute Œdema of Hand.*—(Under care of Dr. CLARK.) Admitted March 24th. Patient is a pale, sallow woman, who reports that her health has always been good; is a sempstress by trade, and in the habit of taking but little exercise. On questioning her, find that menstruation is scanty; there being but little show, which lasts for a day only; has been in this state for six years. Her bowels are habitually constipated, she going for a week, sometimes, without a dejection. Two weeks ago, without any known cause, she noticed a small, painful, red spot on the back of her hand near the wrist. The pain and the swelling, which followed, forced her to leave her work. Now, the hand œdematous and white; the fingers are half-flexed and motionless; she has much pain, the tenderest spot being a small space on back

of hand near wrist. No other joint is painful, and she never has had rheumatism. Has no pain in axilla; no inflammation of absorbents; no appetite. Is put on liquid farinaceous diet, with corn bread. *R.* Quiniæ Sulph. gr. j.; Pulv. aloes gr. ij.; Ferri Lactat. gr. iij.; M. ft. pil. to be taken 3 times daily. *R.* Sol. Magnes. Sulph. ℥ij. Spirit and water to hand, which is kept in a sling.

27th. Hand is less swollen and much more comfortable. Complains of some soreness of throat, and has some little tumefaction to the left of middle of trachea. Medicine operated freely.

29th. Swelling nearly gone. Most pain in wrist, to the back of which apply a blister 2 × 2.

April 1st. Pain and swelling almost wholly subsided. Says that she never eats vegetables; may try vegetable diet, with some lemonade for dinner.

5th. Some diarrhœa. Complains of nothing but stiffness of wrist and fingers, and pain when the former is moved.

10th. Still has some soreness of throat; the fauces are inflamed, and there is a tender spot on the outside of neck. May have a gargle of alum water; and rub neck with linim. volat.

11th. Better.

12th. Throat more comfortable. Hand is restored to natural dimensions, though still very stiff. May have chicken. At 9 P.M. House Surgeon was sent for, the patient being supposed to be choking; she had been gasping, with purple face. Found her sitting up in bed, laboring for breath; not able to speak aloud; eyes suffused. Pulse 110, small. On looking into the fauces, they are red; though no more inflammation is visible than before. Ordered 6 leeches to neck, and Spt. Eth. Comp. ℥j. every 2 hours.

13th. Was relieved by leeches. Slept little. This morning, pulse a little stronger. Throat less sore; some nausea. No dejection.

She steadily improved till 20th, fauces having been touched daily with nitrate of silver in solution of gr. xxx. to ℥j., when she was discharged, well; with no swelling or pain in wrist.

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*Fracture of Penis.—Recovery.*—(Under care of Dr. CLARK. Reported by C. E. S.) Admitted April 9th. The patient last evening received a twist or blow on his penis, while it was in a state of violent erection, at which time he felt something "give way," and the member began to swell and turn black and blue. A surgeon saw him some hours after, and made a small incision in the prepuce. The organ continuing to swell, he was sent to the Hospital this afternoon. Now, penis is swollen to four times its normal size from its junction with the scrotum; purple, and black in some places. Has passed clear urine, naturally. Dr. Clark having been sent for, had the patient etherized, and made three long incisions through the skin, down to the corpora cavernosa, half an inch deep, which bled freely. One small artery was tied. The effusion appeared to be between the skin and corpora cavernosa. The point of rupture was not exposed. Warm water dressing.

10th. Comfortable. Tumefaction reduced one half. No hemorrhage. No dejection. Urine clear.

12th. Swelling continues to decrease; the wounds left by incision now appear superficial.

15th. Dress with simple cerate.

19th. Strap ulcers.

21st. Discharged, well.



## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

MARCH 28th.—*Synovial Rheumatism.*—*Nitrate of Potash in large doses.*  
*Remarks.* Dr. LYMAN reported the case of a young, vigorous man, first attacked with the above disease two years since, in a very acute form. Dr. L. found him at that time with the knee and ankle joints swollen, red, tense, and acutely painful, and with coated tongue, restlessness and fever. The affection had for some days been increasing in severity under Thomsonian treatment. Dr. L. prescribed Potass. Nitrat.  $\mathfrak{z}\text{j}$ . in a pint and a half of barley water. This was taken at once, or as soon as so large a quantity of liquid could be conveniently swallowed, say 10 or 15 minutes. He was also ordered one grain of opium, to be taken at bed time. The next morning, it being an interval of 15 hours, the patient was found to have passed a quiet night, with the pulse reduced and the pain absolutely gone! In a few days the tongue was clean and the swelling entirely abated. The remedy caused neither emesis nor catharsis, but disappeared by the kidneys. During the same week, another patient, a broker, who had for years been subject to slight attacks of chronic rheumatism, not confining him to the house, was prostrated with an acute synovial attack. The same dose was prescribed, but with no good effect. It caused active, but not violent, catharsis, and some reduction of the pulse, but no marked influence upon the disease. Two weeks since, the first patient was again seized. The knee, ankle and small joints of one foot were swollen, red, and acutely painful, there were excited pulse, headache, loaded tongue, scanty high-colored urine and profuse perspiration. He was ordered one half an ounce of Nitrate of Potash largely diluted, every two to four hours, according to the effect produced. Also a grain each of opium and acetous extract of colchicum, at night, to be repeated if pain required it. In 18 hours he took three ounces of the potash and two pills, with entire relief to the pain and fever, when the pills were discontinued and the potash reduced to drachm doses. The urinary secretion had become free and light colored, the acid perspiration had ceased, the effusion into the knee-joint was nearly gone, and the patient was in every respect perfectly comfortable, though very weak. He continued in this state, with no pain, unless pressure were made on the articulations, for more than 24 hours. He then complained of nausea, and the potash was discontinued altogether. The nausea, however, increased, so that everything taken into the stomach for 24 hours caused violent emesis. There having been no dejection for two days, stimulating enemata were employed, and an extemporaneous blister raised, by strong water of ammonia, over the epigastrium, and sprinkled with one half a grain of morphia. The remedies quieted the stomach. The vomiting did not seem to be due to gastritis, for although there was considerable thirst, there was no pain on pressure, and the gastric irritation ceased as suddenly as it commenced. In less than a fortnight from the commencement of his attack, he resumed his employment as a book-keeper.

Dr. L. remarked that these large doses were much used elsewhere, but, so far as he knew, had not been employed here—the usual dose not exceeding one drachm, which, in his hands, had proved useless, or nearly so.

Dr. CABOT said that, after trying colchicum, guaiacum, and Dover's powder, in vain, in a case of rheumatism, he gave nitrate of potash,  $\mathfrak{z}\text{iv}$ . in 24 hours. The patient had both wrists, one shoulder, one elbow and both knees crippled, and could get no sleep. The second night after taking the

nitrate of potash, he slept soundly. The urine had been high-colored and scanty, with lateritious sediment. Purgatives were administered; the potash was continued for three days; the disease went off rapidly. Dr. C. remarked that if the salt be given well diluted, it will purge, and *vice versa*.

Dr. BOWDITCH asked if there were any metastatic action in Dr. Lyman's case?

Dr. L. had at first suspected the affection of the stomach, of which he had spoken, to be of metastatic nature. There were no cramps of the viscus, however, and no sense of oppression.

Dr. Bowditch, some years since, met with a similar case to that related by Dr. Lyman. Colchicum was given until powerful catharsis took place. The rheumatism disappeared rapidly, but, in six months, there was hypertrophy and bellows-murmur of the heart,—and death ensued from heart-disease.

Dr. Lyman stated that the patient to whose case he first referred, and who took such full doses of the remedy two years ago, had no affection of the heart whatever.

Dr. PARKS mentioned having given colchicum in acute rheumatism until violent purgation was induced, when the disease was suddenly removed. No affection of the heart was observed.

Dr. J. B. S. JACKSON said that nitrate of potash had been largely given at the Mass. General Hospital. He had administered ℥j. in 24 hours, in ptisan, without any ill effects. In no instance has he found any remedial advantage from its use, and, in view of the uncertainty of its action, he does not now prescribe it.

Dr. C. E. WARE referred to the dilution of the salt, and to giving it in demulcent liquids, as of great advantage.

Dr. SHATTUCK had not found it efficacious when used by him at the Mass. General Hospital.

Dr. Lyman said that it had not been found to be of any service in *small* doses.

[In the Transactions of the "Royal Medical and Chirurgical Society," reported in the *London Lancet*, April, 1855, Dr. A. B. GARROD has some remarks upon "A successful method of treating acute rheumatism by large and frequent doses of the *bicarbonate* of potash." From fifty-one cases of acute rheumatism thus treated, Dr. G. makes the following deductions. "In 20 males, the duration of the disease under treatment averaged between six and seven days, and the total duration between eleven and twelve days;" in 31 females the average duration, "under treatment," was from seven to eight days; total duration, fifteen to sixteen days.

Dr. G. believes that the influence of this remedy is felt "not only in shortening the duration of the articular affection, but also in preventing or moderating the cardiac disease." "Opium, calomel and occasional general depletion" are advised as adjuncts. This plan of treatment is recommended as calculated, from the reporter's experience, "to ensure the greatest amount of success;"—he believes the average duration of the disease might be reduced to about ten days, provided the treatment were adopted early, and no serious complication existed."

Certain members were dubious as to the safety of administering such large doses of an alkali. It was suggested that Dr. Garrod's patients were in hospital at the time, and the real results could not be known. Dr. Copland recommended the alcoholic extract of aconitine. Dr. Webster thought the alkaline treatment might be of use in young persons (Dr. Gar-



rod's patients varied from 10 to 20 years), but said he "should hesitate to employ it in old people."

Dr. O'CONNOR remarked the general abandonment of lemon-juice in hospital practice, on account of the "very great prostration" induced by it. He had used bicarbonate of potash in 6 cases with benefit; one patient was a "weakly child, 7 years of age." "Dr. Budd was in the habit of using the nitrate and bicarbonate of potash, but in smaller doses than those recommended by Dr. Garrod. Dr. Corrigan had treated the disease exclusively with opium: Dr. Graves with opium and calomel; and Dr. Basham with large doses of the nitrate of potash."

Dr. ROGERS had never observed the depression alluded to from the use of lemon-juice; even when rheumatism supervened on phthisis, he had found this remedy "of the greatest service." Lemon-juice is "an acid citrate of potash, the alkali is set free in the stomach, and eliminates the materies morbi from the system."

Dr. BASHAM thought the discrepancies in the results of treatment arose from a "confounding of various forms of the disease together." He had employed the *nitrate of potash* "on the plan recommended by Gendrin and Martin Solon, with much success; but this plan was not new. Dr. Brocklesby, at the close of the last century, used this medicine in doses of two to four drachms. He had seen much relief to the pain in the joints follow the local application of spongio-piline saturated with nitre."

"Dr. Garrod said, in reply to Dr. Webster's objection, that his (Dr. G.'s) patients were all young, that acute rheumatism is a rare disease after the age of forty-five."

In a case of chronic rheumatism rendering the patient (a lady of middle age) nearly helpless, the accompanying pain subsided and soon disappeared under the use of lemon-juice, and no return thereof has yet occurred. The stiffness of the limbs still remains.—SECRETARY.]

### Bibliographical Notices.

*Report on Insanity and Idiocy in Massachusetts. By the Commission on Lunacy, under the Resolve of the Legislature of 1854.*—pp. 202.

To Hon. Levi Lincoln, Hon. Increase Sumner, and Edward Jarvis, M.D., the duties involved in the "Commission on Lunacy" were entrusted, and while each of the former gentlemen have largely contributed to the praiseworthy objects to be attained, they very handsomely acknowledge that most of the labor has been performed by Dr. Jarvis. According to their note, appended to the body of the "Report," the "very extensive correspondence with professional gentlemen in this country and Europe, was exclusively conducted" by him. "He directed and superintended, also, the preparation of the numerous tabular statements and illustrations, and the draft of the Report is from his pen." (Report, p. 189.) On examining this work, so faithfully and industriously prepared, we fully endorse the sentiment expressed by Dr. Jarvis's associates, "that he has executed this delicate and difficult task in a manner most satisfactory to them," as well as "beneficially and acceptably to the government." When we reflect upon the great difficulties in the way of acquiring the requisite information, we can only wonder at the entire success achieved. To unsurpassed industry, the best of judgment and the most subtle tact have been added. The statistics, alone, are a monument of the untiring zeal and exertion of the reporter.

The method of ascertaining the number of Insane persons and of Idiots

in Massachusetts, by application to every medical practitioner, was at once judicious and effectual. In this way alone could reliable testimony be obtained. Even after enlisting this vast army in the service of the Commission, three quarters of the task, we venture to say, remained to be done; but it has all been accomplished, by indefatigable exertion, and the State and the Nation owe to the Commission, and especially to Dr. Jarvis, a great and lasting debt of gratitude.

It is only necessary to consider for a moment the amount of labor involved in communicating (and that not *once* only, but often several times) with every practitioner in Massachusetts, to have a partial idea of the magnitude of this undertaking. It appears that 1,702 individuals were applied to for information by "Circulars" sent through the Post Office; of these, 1,556 were "physicians within the State;" but of these, "237 were either dead, or not in practice, or had removed, or were unreliable," consequently 1,319 physicians were left, all but 4 of whom made reports to the Commission.—Twenty were clergymen, 74 were Overseers of the Poor, &c. (pp. 14, 15). We feel sure that the reporter is right in saying (p. 16) that his "facts derive an unquestionable authority from the number, character and position of the witnesses who have testified concerning them." The whole number of *lunatics* thus ascertained to be living within the bounds of the State of Massachusetts, in the autumn of 1854, was 2,632; and of *idiots* there were 1,087; being a total of 3,719 "of these persons who need the care and protection of their friends or of the public for their support, restoration or custody."—(p. 17.) Of the lunatics, 2,007 were natives, 625 foreigners. Of the idiots, 1,043 were natives, 44 foreigners.

The completeness of the returns enables the Commissioners to calculate with great accuracy the ratio of the insane and demented to the population, and also to determine the rate of increase. It is evident that the information acquired by the method adopted is wholly reliable, while that alluded to by them as followed in certain other countries is certainly the opposite, if the above objects be desired. For instance, "in some nations (say the Commissioners), the statement of the number of insane includes only those in the public hospitals." "A writer in the American Medical Journal (Journal of Medical Sciences?) assumes this ground to determine the number of insane in some parts of Italy, several of the large cities of Europe, and Cairo, and calculates the proportion of lunacy to their several people on this basis." The utter fallacy of such conclusions must be evident when it is remembered how large is the number of those, who, when insane, are cared for at home, or at any rate out of any public institution. From page 21 to page 40 the space is occupied by carefully prepared tabular statements mostly referring to the proportion of the insane to the whole population.

The entire "calculated population" of Massachusetts in 1854 is stated in the Report (p. 103, Table) to be 1,124,676; with the number of lunatics and idiots above stated (2,632 and 1,037) the ratio of each is—*lunatics*, 1 in 427; *idiots*, 1 in 1,034; of *both* to the entire population, 1 in 302. The "probable foreign population in Massachusetts in 1854 was 230,000."—(p. 59.)

Page 39 has a table exhibiting the "condition" of the patients;—i. e. "whether mild, manageable, excitable, troublesome, furious or dangerous."

The "pecuniary condition" of lunatics has been quite fully ascertained. This subject is of much importance. It is found that "the independent lunatics are mostly natives, very few are foreigners, and a majority are at their homes." This is much what we should expect. The number of



"pauper lunatics" at home and in hospital is given, in tabular form, with their "condition" appended. The tables are admirably drawn up, and exhibit but few *blanks*, indicative, when they do occur, of lack of reply to the questions addressed. The conclusion is arrived at (p. 52), that "there is manifestly a much larger ratio of the insane among the poor, and especially among those who are paupers, than among the independent and more prosperous classes." The "Nature of Poverty" and the "Connection of Pauperism with Insanity" are next most excellently considered; the "Foreign Element" is referred to, and the "great number of foreigners among our insane" is remarked. The deduction is clear, statistically, that the ratio of "foreign lunatics" to sane foreigners is "unquestionably larger" than is the same ratio among "natives." It is ascertained that there are 2,007 *native* lunatics, and 625 *foreigners*. Dr. Jarvis remarks that it is worth while to analyze this state of things and see how far this excess of lunacy among the foreigners is due to any peculiarities in them, &c. &c. (p. 59.) In this connection "the most observable fact" is the large number of paupers among our foreign population. The habits, condition and character of the Irish poor are instanced as being far more unfavorable to their "mental health" than are those of the native poor. The interest attaching to this elaborate and extended Report would lead us far beyond our limited space, did we indulge ourselves in noticing it as we should be glad to do. There is scarcely a page from which valuable extracts might not be made. We can merely mention a few of the important remaining topics so thoroughly treated. "Situation and Nativity of Foreign Lunatics"—Table. "Prospects of the Insane—Incurability and Curability," a most important section of the Report; with tables. "Idiots." (p. 79.) "Distinction between Demented and Idiot." Tables from p. 81 to 102, giving number, &c. of Idiots, native and foreign; "Necessity of Unusual Means for the Cure of Insanity" (p. 106)—short, but true and pithy. "Interest of the Commonwealth in, and its Responsibility for, the proper care of the Insane." (pp. 106—7.) "Increase of Insane Pauperism may be prevented." (p. 108.) On page 112, a very important portion of the Report commences; viz., the account of the examinations of "every public establishment in the Commonwealth where the insane are or may be confined under the sanction of the law," &c.

We are absolutely unable to do more than call the careful attention of all those interested in these matters (and every one should be so) to the thorough and impartial examination of the many establishments referred to. Having, in a late number of this Journal, considered the condition of the Worcester Insane Hospital quite fully, we feel less called upon to remark what the Commissioners bring forward upon the subject, the drift of which is much the same. "The Hospital at Worcester now represents the past age, while the wants of the patients are measured by the means offered in the present."—(*Report*, p. 174.) Every part of this able report is full of interest and valuable information. No legislative body that has *brains* in its composition can fail to act wisely in the matter of appropriations, &c. &c., for the pressing demands of that unfortunate class of the community for whose interest the Commission was formed. The alarming and astonishing increase of the insane in our midst, calls loudly for prompt and efficient action, and with such a volume for a guide it would seem that no mistakes need be committed and no necessary measures neglected. We trust that our imperfect analysis will by its incompleteness, even, induce the attentive and universal perusal of the "Report," as it is modestly

termed. We beg to acknowledge the receipt of a copy, nearly simultaneously, from Dr. Jarvis and from Hon. C. H. Stedman, M.D., of this city and of the present Senate.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MAY 24, 1855.

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### POLICE PHYSICIANS.

AN ordinance has been submitted to the Board of Mayor and Aldermen, which has for its object the appointment of seven "police physicians," one for each police district, whose duties shall be to render professional services in any case when called upon by the Police; to vaccinate gratuitously any inhabitant who may apply for that purpose; to keep on hand and supply to physicians of the public institutions and of the Dispensary, pure vaccine virus; and to report to the Board of Aldermen all cases of Smallpox, or any other malignant disease attended by them. The same ordinance also establishes a Harbor Physician, who shall attend upon all cases of disease in the Suffolk jail, inquire into all source of danger to the public health, and examine vessels arriving with hides, rags, fruit, &c., within certain months. The office of City Physician will also be abolished.

It is difficult to see the grounds for any alteration in the existing state of things in respect to the public health officer. We have never heard it intimated that Dr. CLARK, the present efficient City Physician, failed to perform the duties of his office to the entire satisfaction of the City Government or of the public, or that the important services rendered by him could be more advantageously performed by seven different officers. We believe that the public interest demands that so important a department of the administration as the care of health, ought to be under the supervision of one officer, whose character, abilities and experience shall be a guarantee that the service shall be well performed. Gratuitous vaccination has hitherto been done at the office of the City Physician, in Court Square. This office is central, and well known to that class of the community who generally avail themselves of this public charity. We question whether so many would be vaccinated were they compelled to search after the "police physicians" of their districts, among whom, of course, there would be frequent changes from resignations and removal. We can hardly suppose that economy was the object of the proposed alteration, since it is manifest that eight officers could not receive a less amount of salary in the aggregate than one doing the same amount of work. Moreover, from the difficulty of finding men of standing and experience to serve as "police physicians," the duties would run some chance of being performed by incompetent men, whereby an increased expenditure would accrue to the city. We need hardly say that almost no expense would be too great, which would secure the universal practice of vaccination among those who from poverty or indifference are disposed to neglect it.

The only possible object which we can perceive of this ordinance is, the enabling police officers to have some regular physician to call upon in cases of emergency, particularly in the night time. There are, however, in those districts where the services of a medical man are most likely to be needed, certain physicians who are generally summoned by the police in



cases of accident, and who are paid for their services according to a uniform and moderate rate, at an expenditure to the city much below the amount which any respectable man would accept as a salary.

As we are at a loss to find any benefit in the contemplated changes, we hope that none will be adopted by our City Government.

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#### LEGISLATIVE RESOLVES CONCERNING BOTANIC PRACTICE AND HOMŒOPATHY.

A NUMBER of questions relating to the medical profession have come under the consideration of the present Legislature, besides others which have a more remote bearing upon our profession. We may find occasion to allude to these subjects in some future number, but in the meantime we desire to call attention to a recent discussion which has resulted in largely benefiting one mode of empirical practice by pecuniary aid, and in refusing the assistance of the State to another. On Thursday last a resolve appropriating \$10,000 to the "Worcester Medical Institute," was passed to be engrossed, and will undoubtedly become a law. The passage of the resolve in the Senate was opposed by Dr. STEDMAN of this city, and several other gentlemen; among its advocates was Mr. PILLSBURY of Hampden, who said he was opposed to all doctors but doctors of divinity, but would nevertheless vote for the resolve. The gentleman would have been more consistent if he had declared himself opposed to all improvement in medical science. Immediately afterwards an active discussion took place on the question of granting aid to the "Massachusetts Homœopathic Hospital," an institution which was incorporated the same day. The resolve was rejected by a vote of 12 to 13. A reconsideration was moved, and the subject came up again in the afternoon under a suspension of the rules, and after a spirited debate, the resolve was again rejected by a vote of 13 to 19.

Comment on these proceedings is needless. It is obvious that the Senate acted without the slightest regard to the interests of the community in its decision on the first question, and although the rejection of the second resolve was all we could have wished, it is clear that the Senate was ignorant of the merits of the case, since in favoring the interests of the so-called "botanic practice" of medicine it impeded the progress of sound medical improvement as much as it promoted it in refusing aid to homœopathy. We repeat what we have before urged, that medical improvement can never be furthered by devotion to an *exclusive system* of practice to the rejection of the accumulated experience of ages, whether such system purport to be what it is, or whether it disguise its true character under the assumed name of "eclecticism." There is no profession which renders so large an amount of unrequited service to the public as ours, and it is worthy of better treatment than it has of late received from the representatives of the people.

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#### REPORT OF THE NEW ORLEANS SANITARY COMMISSION.

WE are glad to learn that a second edition of this valuable work is about to appear, and that it will be placed at the disposition of the public in the principal book-stores. This new issue will contain "a supplement and prefatory remarks, in which the views and principles set forth in the Report are amplified, explained and illustrated."

From every quarter whence it is desirable, Dr. Barton and his coadjutors receive well-merited praise for their labors in the cause of sanitary reform—a matter so essential to the welfare of every community; to none, cer-

tainly, of more vital importance than to New Orleans. We were highly gratified to hear the handsome tribute paid to Dr. Barton before the American Medical Association by Dr. Sandford B. Hunt, in his excellent Report upon the "Hygrometrical State of the Atmosphere in various localities, and its Influence on Health." Dr. H. acknowledged his indebtedness to Dr. Barton for much information not to be obtained elsewhere. We are sure that, wholly irrespective of yellow fever and the questions of mere local interest contained in them, an examination of the forthcoming edition of the papers of the New Orleans Commission will amply repay its readers.

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#### BOSTON MEDICAL ASSOCIATION.

AN adjourned meeting of this Association was held on Monday afternoon, for the purpose of hearing the report of a Committee appointed to consider the expediency of revising the fee table. Dr. GORDON, Chairman of the Committee, reported several changes in the fee table, of which the following are the principal; the fee for an ordinary visit to be from \$1 50 to \$2 00 (instead of from \$1 00 to \$2 00). For rising in the night and visit, from \$3 00 to \$8 00 (instead of from \$5 00 to \$10 00). For a case of midwifery in the day time, \$15 00 (instead of from \$10 00 to \$20 00); if any part of the attendance be in the night time, \$25 00 (instead of from \$15 00 to \$25 00). A good deal of discussion followed the reading of this report. Dr. CHANNING thought the fees for consultations and for letters of advice were too low, and offered several amendments to the report. Dr. BIGELOW, Sen., was in favor of a moderate advance in the rate of charge, considering the increased expense of living, but deprecated all extraordinary increase of fees as likely to redound to the injury of the profession, by bringing it into competition with irregular practitioners, or those members of the Association who might choose to bolt from its rules and become independent.

The by-laws requiring an interval of one month between the presentation of the report and the final action of the Association upon it, by motion of Dr. ALLEY, the report and all amendments were recommitted, and the meeting adjourned for four weeks.

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#### OPERATIONS AT THE MASSACHUSETTS GENERAL HOSPITAL.

*Wednesday, May 16th.*—Dr. CABOT: Actual cautery in Pott's disease.

Dr. H. J. BIGELOW: Operation for hæmatocele and for radical cure of hernia.

*Saturday, May 19th.*—Dr. CABOT: Tapping for hydrocele; evulsion of toe nail; extraction of carious alveolar process of upper maxillary bone; removal of scrofulous gland from neck.

Dr. H. J. BIGELOW: Amputation of thigh for varicose lymphatics; removal of half of the inferior maxillary bone for tumor.

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*American Medical Association.*—We are indebted to the Editor of the New Jersey Medical Reporter for a proof sheet of the first article of his forth-coming number, consisting of the proceedings of the late meeting of the American Medical Association, specially reported for that Journal. This forms a pamphlet of twenty-eight pages, very neatly printed and most convenient for reference.

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*Registration in Kentucky.*—"The second annual report relating to the registry and returns of births, marriages and deaths, in Kentucky, for the



year ending Dec. 31, 1853," has just been published under the supervision of W. L. Sutton, M.D., of Georgetown. Next to the reports of Massachusetts, which have been published for ten years past, these of Kentucky are the most complete and reliable of any in America, although both are inferior in completeness and exactness to those of Great Britain and France. This second report of Kentucky is a great improvement upon the first, and in some respects is superior to the last from Massachusetts; giving an assurance of future excellence, which will place Kentucky in advance even of the older nations of Europe, in these matters of statistical statements. In respect to wealth and prosperity such statements are of great importance, but the influence which is to be exerted by them upon the well-being and health of population, is of vastly greater moment. No legislator, or even voter, can be properly prepared for the performance of his duties to the State, without being in possession of the information afforded by these registration reports.—*Memphis (Tenn.) Med. Recorder.*

*Lupulin as an Anaphrodisiac.*—Lupulin, or the active principle of hops, is possessed of powerful sedative effects on the generative functions. This was first ascertained by Debout, but more recently Zumbaco has published a paper on its anaphrodisiac virtues (*Bull de Therap.*, August, 1854), in which he more than confirms this author's observations. Zambaco administered the medicine in doses varying from 1 to 16 grammes, and he never found sickness or constitutional disturbance attend its use. He has recorded the history of eight cases of painful erections, following gonorrhœa, in which it was most successfully employed as a sedative. He affirms that in four-fifths of the cases it allays the morbid erethism, and prevents chordee. It answers this purpose much better than camphor, which often irritates the digestive functions, and fails to produce the desired effect. Besides being possessed of sedative and anti-bleorrhagic properties, which depend on its essential oil and resinous principle, lupulin contains a bitter element which acts as an admirable tonic. Zambaco has seen lupulin given, *as a tonic*, to strumous patients, with the best effects, the appetite becoming improved, and the digestive organs strengthened.—*Edinburgh Monthly Jour. of Medicine.*

#### NOTICES.

In the article on Dental Hemorrhage in the last number (page 277), in the 5th line, instead of "prescribes" read "proscribes." In the same article, page 280, line 17, instead of "should not be held" read "should ever be held."—In number 13th, page 256, line 12, after "April 13th," add "1855."

*Communications Received.*—Letter from Dr. A. A. Blandy, Baltimore.—Case of Crural Irreducible Hernia.—On the Fluid Extract of *Scutellaria lateriflora*.—Case of Polypus of the Nose in a Child.—Case of Co-existent Variola and Vaccine Disease.—Letter from Dr. J. L. Chandler, respecting the contagiousness of Puerperal Fever.—Obituary notice of Dr. Rufus Longley, late of Haverhill, Mass., read before the Essex North District Medical Society, by R. Flint, M.D.—Letter from Dr. C. H. Cleaveland, respecting "Positive Medical Agents."

DIED,—In Stockbridge, Joseph C. Fowler, M.D., aged 35 years.—At Canaan, N. Y., on the 12th ult., Stephen Brown, M.D., aged 69.

*Deaths in Boston* for the week ending Saturday noon, May 19th, 62. Males 36—females, 26. Accident, 2—consumption, 18—convulsions, 3—croup, 3—dysentery, 1—dropsy, 1—dropsy in the head, 3—debility, 1—infantile diseases, 4—fever, 1—typhus fever, 1—scarlet fever, 3—hooping cough, 1—disease of the heart, 1—inflammation of the lungs, 2—mortification, 1—old age, 1—palsy, 1—pleurisy, 2—smallpox, 3—suicide, 1—teething, 2—thrush, 1—ulcers, 1—unknown, 3—worms, 1.

Under 5 years, 23—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 9—above 60 years, 8. Born in the United States, 40—Ireland, 16—England 2,—British Provinces, 1—Germany and North of Europe, 3.

*Dr. George T. Barrows.*—To THE EDITORS.—The late Dr. George T. Barrows, whose early death was lately announced in the Journal, was one of the most worthy, as he had been one of the most persevering, of the recent graduates of the University of New York. With him it was my fortune to enjoy for a time an intimate acquaintance, and when less than two months ago we together received our degrees, little did we suppose that so soon either would pay this tribute to the memory of the other.

Dr. Barrows was born in Mansfield, Conn. He pursued his preparatory medical studies in his native town, subsequently became a member of the medical class of Yale College, and afterwards entered the University where he graduated. While here, notwithstanding his health was feeble, few equalled him in devotion to the daily instruction at the College. He was present at every lecture and clinique, when prudence did not forbid, and even sometimes under circumstances which would have discouraged most others. He entertained an ardent attachment to the profession which he had chosen, and was fully sensible that no opportunities, however great, were equal to personal industry, for the attainment of a position of usefulness and distinction. He was in the habit of frequently reviewing the lectures and cliniques over which we had passed, paying especial attention to parts more obviously practical, and thus fixing them firmly in his memory, and the fruitful results of all were manifest in his conversation upon medical matters. Besides being a thorough student, he had the character and deportment of a gentleman, and was highly esteemed by all who knew him. At the time he left his Alma Mater to go out into the world, he hoped that freedom from study would enable him to improve his health and pursue the practice of his profession in which he had anticipated many years of usefulness and happiness. But Providence has otherwise ordered.

HENRY KING.

*Taunton, May 1, 1855.*

*Barnstable District Medical Society.*—The regular semi-annual meeting of the Barnstable District Medical Society was held at the Court House, in Barnstable, on Tuesday, May 8, 1855. The following members were chosen officers for the ensuing year: President, Dr. Samuel H. Gould, of Brewster; Vice President, Dr. George Shove, of Yarmouth; Secretary, Dr. J. M. Smith, of Barnstable; Treasurer, Dr. C. M. Hurlburt, of South Dennis; Censors, Drs. E. W. Carpenter, of Chatham, Franklin Dodge, of Harwich, John Harpur, of Sandwich, George W. Doane, of Hyannis, Moses Rogers, of Falmouth; Councillors, Drs. Aaron Cornish, of Falmouth, Luther Jones, of South Yarmouth, Jonathan Leonard, of Sandwich, Samuel H. Gould, of Brewster.

The report of the Treasurer was read and accepted.

Dr. Shove, Chairman of the Committee appointed at a former meeting of the Society, to investigate the charges made by Dr. Stone, of Provincetown, against Dr. Lothrop, of the same place, read his report. After some discussion, it was voted "to indefinitely postpone the whole matter."

*Voted*, That hereafter, the delegates to the annual meeting of the American Medical Association be chosen at the September meeting of the Society.

*Exhibition of the New-York Asylum for Idiots.*—The members of the Board of Education—including also the Governors of the Alnshouse—met at the hall in Grand street, on Friday afternoon, May 11th, to witness the results of the system adopted by Dr. H. B. WILBUR, at the New-York Asylum for Idiots. The meeting was numerously attended—many ladies being present. The exercises were opened by Chancellor FERRIS; after which, Dr. WILBUR, Superintendent of the Asylum for Idiots, delivered an address, in which he detailed the general system of instruction. It differed chiefly from other systems in this, that it commences lower down in the scale of development. They resembled first the teachings of a mother to her child of two years old. Their progress has been such, by the substitution of active for dormant powers, that no one now can call these children from Randall's Island idiots. There is no exaltation of one sense at the expense of others—no reading, for instance, by the sense of touch; but enough is proved to show that previous opinions on this subject are only partially true.—*New York Daily Times.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## ON THE INDUCTION OF PREMATURE LABOR—MODES OF EFFECTING IT.

[THE following communication, received from Dr. H. R. STORER, will form a part of Prof. SIMPSON'S forthcoming work, and is now for the first time published.—EDS.]

A variety of means or plans have been proposed for the artificial induction of premature labor, in those various and important complications which are now so generally recognized by the obstetric profession as demanding this mode of operative interference.

Thus it has been attempted to excite the uterus into parturient action—1. By external abdominal frictions, so as to irritate its outer surface; 2. By passing currents of electricity or galvanism through its walls; 3. By irritating other, and even distant, parts or surfaces, as the vagina, rectum, or nipple, that are known to possess a marked reflex power over the contractility of the uterus; 4. By the internal exhibition of ergot of rye and other oxytotoxic remedies; 5. By the evacuation of the liquor amnii; 6. By the dilatation of the os uteri; and, 7. By the separation of the membranes from the cavity of the cervix or body of the uterus by the finger, by instruments or sponges, or by the injection of fluids.

The three first of these modes of inducing premature labor are—alone and singly—so very uncertain in their results, and so generally and entirely fail, that few or no accoucheurs place any confidence in them;\* and to the fourth the same objection applies, with this addition, that the ergot, even when it has succeeded, has proved too dangerous in its effects upon the child to be used in an

\* Several years ago I attended a case with Dr. Thatcher, in which we applied a child to the breast with the object of exciting pains. Some hours before, I had introduced a large sponge-tent into the os uteri. There was a wet-nurse in attendance to suckle our patient's infant as soon as it was born. It was the nurse's child which we applied to the nipples; and, as she thought, with the effect of increasing the uterine contractions and pains, which had already begun to appear. I have never, however, seen such an application of an infant to the nipples *originate* uterine contractions, nor in the two or three cases in which I have tried the plan of Schoeller and Braun, of distending and consequently irritating the walls of the vagina with masses of sponge or a dilating caoutchouc bottle, have I been at all successful in exciting the uterus to parturient action. I have not seen the abdominal frictions of D'Outrepoint and Ulsamer tried.—On Galvanism, see page 376.

operative procedure, instituted, as this usually is, for the very purpose of saving the infant.

The fifth mode which we have enumerated above, viz., the evacuation of the liquor amnii, is, of all the methods proposed, both the oldest and assuredly the most sure and fixed in its effects. But, as a common means, and when labor is induced to save the infant, it is liable to one strong objection, viz., that it is undoubtedly much more dangerous to the child than the employment of operative procedures, which—as the dilatation of the os, or the separation of the membranes—allow the bag of membranes to remain entire, and thus keep the fragile and premature infant protected by the amniotic fluid during the progress of the labor, or at least during the earlier stages of it.

In by far the greater number of instances in which I have had occasion to induce premature labor in private and consultation practice, I have always, in the first instance, avoided the artificial evacuation of the liquor amnii, and have proceeded upon the principle either—I. Of dilating the cervix uteri, or, II. Of separating the membranes; or rather I have acted upon both of these plans conjointly, for it is difficult or impossible to follow out thoroughly the one indication without, in some respect at least, following out the other also.

#### I. DILATATION OF THE OS AND CERVIX UTERI.

In exciting premature labor upon this principle, accoucheurs have used three different means—1. The finger; 2. Metallic dilating forceps and instruments; and 3. Sponge-tents. To stretch, however, and open the os uteri by the finger or by metallic dilators is a process so irritating and painful, that few or no practitioners now use it; especially as the same object can be effected more easily and safely by the introduction of compressed sponge.

*Sponge-tents* were first proposed as a means of inducing premature labor by Kluge and Brunninghausen; and they have been much employed for the purpose both in Germany and France. All the continental accounts, however, of their employment, up even to the present day, describe the introduction of the tents into the os uteri as a complicated operation, requiring always the aid of the speculum, and the use of a vaginal tampon, or other means, to keep the tent in situ. But there is no necessity whatever for such formidable arrangements. In 1844, when first mentioning the induction of premature labor in this country by sponge-tents, I attempted to show that they could be easily introduced and employed without any vaginal speculum or tampon, or in the simple mode already described in a preceding paper on Intra-Uterine Polypi (see p. 127). And for several years subsequent to that date, I had recourse to this mode of inducing premature labor in a long series of cases; always with perfect success as regarded the mother, and in a large proportion of cases with safety also as regarded the child.

I never found this means fail, although in a few instances I have



seen the dilatation effected to the size of a half-crown or more, for thirty or forty hours before true uterine contractions set in. Generally, however, parturient action began long before the dilatation of the os uteri had reached these dimensions; and when it did so, a considerable part of the first stage of labor was thus, as it were, found finished before actual labor commenced. Sometimes uterine pains and contractions began as early as four or six hours after the sponge-tent was introduced, especially if the tent were of considerable size, and means were used for its rapid development. In almost every case, the first tent employed may be as thick as the little finger; and the patient should be directed to have injected into the vagina every hour or two, a small quantity of warm water for the imbibition and expansion of the compressed sponge. She should lie on the back during, and for some time after, each injection, in order that the water may be more thoroughly retained. After the first sponge is fully dilated, it may be withdrawn, and a second and larger one introduced; or, without removing the first, tents of a greater and greater size may be introduced at intervals of six or eight hours, till the os uteri is thoroughly dilated or labor supervenes.

To the induction of premature labor by the use of sponge-tents, I have heard some accoucheurs object, on the ground that, from want of practice, they have had difficulty in introducing the compressed sponge into the os uteri. A much more important drawback to the method will be found in the circumstance, that the presence of a large sponge-tent in the canals of the cervix uteri and vagina, sometimes, as a foreign body, produces such a degree of local uneasiness and irritation, as to inflict no small amount of discomfort and continuous pain upon the patient. It is principally on this account, and to avoid this difficulty, that, of late years, I have in my own practice commonly brought on premature labor by the other means already alluded to, namely, the detachment of the membranes—a process not requiring the permanent retention of any material in the maternal passages, and capable of being effected with probably less difficulty and trouble to both practitioner and patient.

## II. SEPARATION OF THE MEMBRANES.

In the induction of premature labor, the membranes of the ovum have been proposed to be mechanically separated from the interior of the uterus, by different means, to different degrees, and in different localities.

The idea that the partial artificial separation of the membranes would lead on to labor occurred first to the late Professor Hamilton; and he was himself the first also to put it in practice as far back as 1795.

*Dr. Hamilton's Method, by the Finger, &c.*—In operating, he detached “a portion of the decidua from the cervix uteri,” by the introduction, first, of his finger, and ultimately of a bent brass wire. His friend Dr. Burns describes Dr. Hamilton's operation as consisting of “insinuating a finger within the os uteri, and gently di-

lating it, and detaching a part of the membranes from the portion of the cervix in its immediate vicinity." "If," he continues, "we have not thought it prudent to dilate at once the os uteri, so as to admit the finger freely to touch the membranes, we may repeat the dilatation gently at the end of a few hours, and then detach the membranes cautiously from the cervix uteri by the finger to the extent, perhaps, of two inches. But for this purpose," Dr. Burns adds, "it may be necessary, if the os uteri be high, to have the *hand* introduced into the vagina; or sometimes the detachment has been accomplished with a catheter or other small instrument." As thus pursued, this mode of inducing labor by separating the membranes from the cervix, was not always unaccompanied with pain, particularly when the fingers, and especially the hand, were introduced; it was often very tedious, and sometimes it failed, as Dr. Hamilton himself states, and the operation required to be completed by puncture of the membranes and evacuation of the liquor amnii.

*Dr. Kiwisch's Method, by Injection of Water.*—In 1846, Professor Kiwisch proposed to bring on premature labor, by injecting a stream of tepid water into the vagina, and against the cervix and os uteri. His apparatus, as delineated by Scanzoni, consists of a small square tin box or reservoir of water, fastened to the wall at the height of nine or ten feet, and from the bottom of this reservoir a tube hangs down, the end of which is, when required, introduced into the vagina, so as to allow a strong continuous stream to pour through it, against the cervical portion of the uterus.

The douching or injection was recommended to be repeated morning and night, and commonly labor supervened on the fourth or fifth day.

This plan of Dr. Kiwisch's was shortly afterwards tried successfully in Vienna, Berlin, &c., by various Continental practitioners. In April, 1851, I described a case to the Edinburgh Obstetric Society, in which I used this method. It was an instance where the patient had repeatedly found the child to die a short time after quickening, and retained it for six or eight weeks subsequently. During her last pregnancy, the same occurrence took place with the same symptoms. A few weeks having elapsed, she threw up tepid water at my request, twice a-day, with the view of bringing off the dead fœtus. After nine douches, applied night and morning with a common syringe, expulsive pains came on, and a dead and shrivelled fœtus and placenta were expelled. In the course of that and the subsequent years, I had various opportunities of bringing on premature labor by the same means, and, as I always found, with almost perfect certainty as to the power of its induction.

Professor Kiwisch imagined that the vaginal water injection induced labor by the imbibition of the fluid relaxing the soft parts. The flow of a gentle and small stream of water into the vagina ought, if this were the true principle, to act as well as a stronger



current. But a short experience convinced me that this was not the fact; and it soon became evident—1. That the water douche was liable to fail, unless the injected fluid accumulated and distended the vagina, so as to expand that canal and enter the os uteri; and 2. It seemed the more rapid and certain in its action, in proportion as it entered freely into the uterine cavity itself, and in proportion, therefore, as it separated more of the surface of the foetal membranes from the interior of that cavity.

In only two or three cases did I try an elevated box and syphon tube, like that originally suggested by Kiwisch. From the first, I found a common enema syringe a far better and more manageable apparatus. Usually I have employed the India-rubber syringe of Dr. Kennedy, or that of Mr. Higginson. At first I merely injected and distended the vagina, retaining the fluid in it by closing the vulva with pressure of the fingers or hand, and thus forcing the water to pass upward through the os into the uterine cavity; but I soon found it a simpler and more direct plan to introduce the end of the syringe through the uterine orifice, and thus send the stream directly into the interior of the uterus, without unnecessarily distending the vaginal canal. In most cases it is easy to pass for this purpose the common ivory nozzle of the enema syringe through the os uteri; but when that opening is placed very high, or far backward, I have found that the addition of a longish gum-elastic pipe or bent silver catheter to the nozzle of the tube greatly facilitates the requisite introduction of the instrument through the os and upward for an inch or two, between the membranes and the anterior or posterior wall of the uterus.

While the practitioner is using the syringe and injecting the fluid, the patient should lie on her left side, and with the pelvis placed near the edge of the bed or sofa which she is occupying. A basin properly placed immediately below, both contains the water to be used, and receives it again after it re-escapes from the vulva. The tubes of the catheter and syringe should be carefully filled with the water before commencing the injection, lest a quantity of air be thrown into the uterine cavity. Usually the injection is carried to the extent of the patient complaining of a feeling of distension or fulness; and it may be repeated twice a-day, or oftener, according as it is an object or not to expedite as much as possible the supervention of labor.

It was not till I had used this method for a considerable time, and in a number of cases, that I discovered that a similar method had been suggested and described by Dr. Cohen of Hamburg.

In several cases where the child was placed with the head over the os uteri, I have found it change its position as the water injection proceeded, and an upper or lower extremity to present. Occasionally this preternatural presentation has remained; but more frequently the child has again rotated, and the head again become replaced over the uterine orifice. In no case have I seen any great amount of hemorrhage from partial separation of the placenta.

But the repetition of the injection sometimes becomes irksome to the mother as well as to the accoucheur.

*Detachment of the Membranes, by the Uterine Sound, from a Portion of the Body of the Uterus.*—Believing that labor was, at the ninth month, induced naturally through the degeneration and loosening of the decidua (see p. 351), I was encouraged last year to try to induce it artificially by the mechanical separation of a portion of the membranes from the interior of the body of the uterus.

In general the stethoscope sufficiently certifies to us the locality of the placenta, and what part or side of the uterus we ought consequently to avoid;\* and nothing in the way of an operation could possibly be more simple or more easy and painless than the introduction of a sound, through the dilatable os, and upward for five or six inches, between the membranes and the anterior wall of the pregnant uterus.

In the first case in which I tried this plan, the patient, after having been always delivered in the country by craniotomy, has thrice had premature labor induced under my care. Her three children are alive. On the first occasion, in 1851, she had an apparatus upon the plan of Kiwisch's erected; but it required to be used, and that frequently, for five or six days before labor supervened. On the second occasion, I injected a quantity of tepid water by an enema syringe into the uterine cavity, and the child was born in about twenty-four hours afterwards. Last year, on the third occasion, I saw her late at night along with my friend Dr. Ziegler, and passed a uterine bougie for five or six inches upward between the membranes and the anterior wall of the uterus. The child was born before noon next day. At the time of passing the bougie, the patient herself was not aware that anything special had been done, but believed that I was merely making a common digital examination, in order to ascertain the exact stage of pregnancy, &c.; and she subsequently declared, that, in her experience, this last method was too simple to be capable of being compared with the two other methods to which she had been formerly subjected. But in all cases, a single introduction of the bougie will by no means suffice. Like the tents and douching, it requires in most instances to be repeated more than once. During the past three months of the present year, I have induced labor six or seven times by this method. In one case, in my own private practice, and in another under the care of Dr. Scott, of Musselburgh, the labor was terminated within eighteen hours. In the others, parturition did not come on till the second or third day after the act of separation. In a case which I saw with Dr. Thomson, he used a water injection next day, and on the subsequent day I

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\* In injecting water we have no control on the *direction* it will take in the uterine cavity, while we can regulate perfectly that of the sound. In one case, from inattention to the uterine souffle, I probably separated the edge of the placenta, as a clot was found at that spot. The child was born alive; and the mother recovered perfectly. But with due caution such an accident should be easily avoided.



again separated the membranes with the bougie. Parturient action began that night. In a previous labor of this woman, the child was rotated, and made to present prematurely by the employment of the water injection. All the children have been born alive in the ten or twelve cases in which I have induced premature labor by the uterine sound.

The relative degree of facility or difficulty with which labor is induced artificially in different women, or even in the same woman in different pregnancies, varies very greatly. Where one plan fails, the addition of a second, or of a third method, will sometimes enable us to succeed; and if all modes less safe for the child prove ineffectual, as the separation of the membranes with a uterine bougie, the water injection, and the sponge-tent, we may always at last determine the certain occurrence of uterine contraction by the puncture of the membranes. And if we have recourse to this puncture, we may still in a great measure save the liquor amnii for the protection of the child during labor by making the seat of the opening oblique and as high as four or five inches above the os, as recommended by Hamilton and Meissner. One of the best instruments for effecting this object is that long ago recommended by Dr. Hamilton, viz., a male catheter having an open or truncated extremity, and provided with a silver wire to pass through it for the puncture of the membranes. The membranes, I believe, will sometimes be found to rupture high up when and where they are simply separated from the body of the uterus by the introduction of the knobbed uterine sound or bougie.—(April, 1855.)

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#### THE ALKALINE TREATMENT OF RHEUMATISM.

BY WILLIAM F. CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

I SEE a notice, on page 248 of the present volume of this Journal, of the treatment of acute rheumatism by means of frequent two-scruple doses of bi-carbonate of potash.

This treatment seems to be founded on a marked characteristic of rheumatism, an acid condition of the fluids and secretions. Thus the perspiration and copious sweats of rheumatism carry with them a great excess of acid, and the urinary precipitates are generally of the same class. Although not in general practice, I observed several years ago that when exposure to cold was followed by symptoms of acute rheumatism, or even slight rheumatic pains, a present or previous acid condition of the stomach and alimentary canal could usually be traced, where the subject was accustomed to observe his own physical condition.

I have accordingly administered frequent small doses of bi-carbonate of soda until I was sure that an alkaline condition of the

system had been established, and I have seen reason, from the success of this treatment, to recommend the use of this agent constantly from that time to the present. The dose may be from two to three scruples of the bi-carbonate dissolved in two or three fluid ounces of water, taken once in two hours, and it may be continued less frequently until the rheumatic pains have disappeared.

I think preference should be given to bi-carbonate of soda over the bi-carbonate of potash, because soda is one of the natural and essential elements of the human organization, as much so as carbon, oxygen, nitrogen, hydrogen, phosphorus, iron and lime. The bile contains organic salts of soda. This fact is worth remembering in connection with the outcry raised against the use of soda by a certain class of pseudo-medical writers. Of course no plea is made here for the excessive use of alkalis, or the perpetration of enormities in cookery by the abuse of "salætatus."

A great difference exists in the quality of bi-carbonate or super-carbonate of soda sold in the market. When thoroughly super-carbonated, it loses its acid taste, and possible irritating quality, and dissolves perfectly and readily in water. The only article, perfect in this respect, which I have found, has been kept on sale by the late firm of Rushton & Clark, now Hegeman, Clark & Co., of New York.

The alkaline treatment of rheumatism is not necessarily inconsistent in theory with the benefit which has seemed sometimes to follow the use of lemon-juice and acids in the same disease. Remedies seem to act upon the system in two ways: first, by direct action; second, by provoking re-action. Both are probably legitimate methods. But, in the present case, if acidity of the fluids is an essential condition to the existence of rheumatism in the system, the direct method of neutralizing such acidity is so simple and easy that it should be preferred to summoning the vital forces to re-action.

These observations are communicated, not as conclusive on the subject, but because all definite observations, however partial, are of value in medicine, as contributing to the knowledge of disease, and as furnishing suggestions to those whose wide experience enables them to test statements of Theory and methods of Practice.

*Boston, May, 1855.*

## ON THE FLUID EXTRACT OF SCUTELLARIA LATERIFLORA.

BY JOSEPH BATES, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

This plant, not many years since, was held in high repute, as an antidote in canine madness; and kept as a secret. Dr. Vander-veer is said to have prevented more than three hundred persons from becoming mad, by the exhibition of this agent. It has,



however, since been thoroughly tested, and found utterly worthless in the treatment or prevention of hydrophobia. In consequence of its failure, in the cure of a disease over which medicinal agents possess little or no control, it sank into desuetude, and was by many swept from the catalogue of officinal agents. Conium, now regarded eminently valuable in the treatment of a variety of diseases, once met a similar fate in its history, in consequence of failing to cure scirrhus diseases, for which it had been regarded as a specific. Scutellaria, like conium, will yet be found highly successful in the treatment of many diseases, but is not to be considered as a specific in any.

Lately I have been using Tilden's fluid extract of scutellaria, with signal success, in the treatment of diseases attended with nervous irritation and irritability, restlessness, &c. In the treatment of children, it is invaluable for allaying these symptoms. The dose is a teaspoonful, repeated as often as the circumstances or indications require. It may be relied upon in some forms of hysteria. Patients convalescing from typhoid fevers, pneumonitis, arthritis, &c., or any disease with those symptoms, will be shortly relieved by one or two teaspoonsful of this preparation. I have no hesitation in saying that those who give it a fair trial will find it efficient in the treatment of many diseases for the relief of which small doses of opium are frequently given, without any of its unpleasant sequences. Much more might be added in bringing this subject before the profession, but I have already, doubtless, trespassed in making my communication too long.

*New Lebanon Springs, N. Y., May 7th, 1855.*

#### CASE OF IRREDUCIBLE CRURAL HERNIA.

REPORTED BY FERRIS JACOBS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

JACOB P. SHAVER, farmer, æt. 64, on jumping off his horse felt pain in the groin. His pain was such that he sent for a good physician, Dr. Marcus T. Peak, of Andes. Dr. P. very carefully, and as I think judiciously, applied *taxis* and all other prudent means, but without effect. I was invited to visit the patient some twenty-four hours after Dr. P. first saw him. Being twenty miles from the patient, some time elapsed before my arrival. Having examined him and conversed with Dr. P., the operation was concluded on. The patient was quite fleshy, and hence there was but little tumefaction. The first incision was made across the tumid part—ranging from Gimbernat's ligament down the thigh, some three inches, dividing skin, fascia, &c. With a few more passes, the peritoneal covering was exposed. Gimbernat's ligament lying deep in the mass of muscle and fat below, I was obliged to open the peritoneum. So I pinched up this delicate membrane between the thumb

and finger so as to be sure it was separated from the gut, and shaved it through with a scalpel, thus exposing the intestine largely distended with air, which rose up before me, filling up all the space just made with the knife. Next, the grooved director was passed down over these large inflated intestines, until its point passed under Gimbernat's ligament. The space not allowing a probe-pointed bistoury, I used a spear-pointed one, wound with yarn down near the point. I passed it along the groove and divided the threads of the ligament with its cutting point, and the hernia was readily reduced. The wound was dressed with stitches, compress and bandage. He recovered very well and is in good health, it being now about six years since the operation.

Delhi, N. Y., May, 1855.

### VACCINIA AND SMALLPOX.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following case is so similar to one recently published in the London Lancet, and is itself of such unusual character, that you may think it worth insertion in the Medical and Surgical Journal.

A nursing infant of Mrs. Q——, some 8 or 9 months old, was vaccinated by myself, after it had been exposed to the contagion of a mild case of varioloid several days. The operation was successful, two perfect vesicles being the result; and on the seventh day I took virus from the arm, and with it vaccinated two other children. On the day immediately succeeding, viz., the eighth, a papular eruption appeared upon the infant, which as it developed itself assumed all the characters of unmistakeable smallpox. The eruption was very full, as full as possible without being confluent, and the disease went on to a fatal termination. The vaccine vesicles, perfectly normal in their character at the time that virus was taken from them, from that day ceased to follow the usual course. They became large, irregular and flattened pustules, accompanying the variola in its development. The children vaccinated with matter from this patient had *genuine vaccine vesicles*, without any unusual constitutional disturbance or breaking out on the skin.

The following points are particularly noticeable in the above case:—

1. The infant must have had latent variola at the time of vaccination.

2. The vaccinia was able to establish itself locally to such a degree as to extinguish at the points vaccinated the latent disorder up to the eighth day.

3. After this period the variola overwhelmed and engulfed, as it were, the vaccinia, and was able to expend its full force upon the system of the patient.

Boston, May, 1855.

Respectfully yours, S. L. ABBOT.



**Hospital Reports.****MASSACHUSETTS GENERAL HOSPITAL.**

*Compound Fracture of Skull, without Symptoms. Recovery.*—(Under the care of Dr. H. G. CLARK. Reported by CHARLES E. STEDMAN, House-surgeon.) Wm. R., married, mechanic, born in Wales, was admitted to the Massachusetts General Hospital March 12, 1855. On the 16th February, while he was hoisting a stone, at Quincy, with a jack, the handle flew off, and striking him in the head, threw him some twenty feet. He bled a good deal, but remained sensible, and no effect on the brain was observed by his surgeon, with the exception of his saying "no" for "yes," and "yes" for "no." After about ten days he had hemorrhage from the wound, and once since that time, which appeared to come from the temporal artery.

Patient is apparently well, walking about the ward, with a large wound on the left side of the head, which gives him no annoyance. His mind does not appear to be very lucid, though his face is an intelligent one. He says that a surgeon from Boston came to see him, and on being asked if it were Dr. Warren, says yes; subsequently, when asked if it were Dr. Townsend, said yes; though neither of these gentlemen had visited him. He describes the accident as above, and says that he was crazy for a week, and also that he does not hear as well as he used to; but thinks his memory is as good as ever.

The wound is situated just back of the left parietal prominence, and is three inches long by one in breadth, and granulating in a healthy manner, pouring out an abundance of pus. Though there is much swelling of the scalp—the wound being an inch deep—the left side of the head has a flattened appearance. The coronal suture is seen crossing the wound, and the upper part of the fracture, which is nearly circular, is about an inch in front of it. This fractured bit of bone, three inches in circumference, is depressed at least five eighths of an inch, as if by great and direct violence. The exposed parts of the bone are denuded of periosteum, and are blackish in some places. The fractured part is readily shaken by the probe, which passes under the integuments for some distance below the wound. The discharge is very copious, running out as fast as it is sponged away. At the lower part of the wound there is strong pulsation. The left eyelid is somewhat swollen, and an incision has been made below the eyebrow, from which a few drops of pus ooze. Pupils are widely dilated, and insensible to light. Bowels are regular. Pulse quiet. Appetite good. Skin cool.

13th.—Complains of no pain on being handled. Discharge is somewhat offensive. Shave head, and use chloride of soda, on the spongio-piline with which the wound is dressed.

April 4th.—This morning, Dr. Clark removed two bits of bone with forceps, one an inch and a half long and three fourths wide, and the other less than half that size. These appeared to comprise the depressed bone, and embrace both tables. The lower part of the wound pulsates, and the probe reaches the brain. A strong pulsation is seen about the posterior part of the wound. Patient appeared weak and faint, and frightened after the operation, and got some wine and water.

5th.—Doing well.

9th.—The remaining dead bone is impacted tightly, appearing to be larger at its lower edge than it is above. Granulations have covered in nearly all the bone.

16th.—A triangular bit of bone, an inch long on each edge, was removed to-day by Dr. Clark, after much prying with director and forceps.

17th.—Pupils are more sensible to light, and are more contracted.

29th.—Wound healing. Not much discharge. A piece of bone still loose at lower part of wound, which the granulations have covered. Pulsation is observed over whole surface of bottom of wound. Has vegetable diet and walks out daily.

May 9th.—Pupils are still more sensible to light. Dr. Clark removed a small, thin scale from the wound. The discharge of pus is greatly lessened, and the wound contracting rapidly.

15th.—A small scale, the size of a five-cent piece, was removed this morning; no more dead or loose bone can be felt. The bits, when put together, form a piece of bone two inches by one and a quarter.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION  
BY S. L. SPRAGUE, M.D., SECRETARY.

MAY 21st, 1855.—Dr. CABOT read a paper on vesico-vaginal fistula successfully treated. Dr. WILLIAMS suggested the employment of *serres fines* in such cases, and enumerated some of the advantages to be derived from them. Dr. Cabot thought in this case they might be of use applied between the sutures to prevent leaking.

Dr. Cabot exhibited to the Society pathological specimens from a young man 17 years of age, who had necrosis of a portion of the superior maxilla. Two months ago, the patient had the right lateral, and both central incisors of the upper jaw filled, and into the former, some preparation was introduced for the purpose of killing the nerve. One month since, he first had pain and soreness in and about the lateral incisor, which very soon extended forward to the median line, and backward as far as the place from which the first molar had been removed, six months previously. The cheek swelled so much that it was impossible to open the right eye. At the same time, some swelling appeared about the palatal and alveolar processes of the right superior maxilla, and has continued to increase gradually to the present time.

Three weeks ago, an abscess pointed just above the lateral incisor; it was opened, and discharged a considerable quantity of offensive pus. Even then, all the teeth of the right half of the upper jaw, excepting the second molar, had become loose; the lateral incisor so much so, that it was easily removed with the fingers.

From this date (April 29) the pain has not been acute, but dull and heavy. The abscess then opened, has since filled twice, and discharged itself spontaneously. During the first week there was considerable fever. No dead bone has ever been thrown off.

May 19th.—The patient now presents himself with right cheek rather larger than the left. There is much swelling of the gum, extending along the roof of the mouth to the median line, and limited posteriorly by the second molar, which is perfectly firm. The part feels soft, and is moveable; the probe detects naked bone, and motion gives an indistinct crepitus, and there is fluctuation where an abscess before pointed. Patient was etherized, and an incision was made along the edge of the alveolus, the knife being carried vertically. Four teeth were then extracted, and several



irregular fragments of bone (one as large as a walnut) were removed. There was but little hemorrhage.

21st.—Patient has been very comfortable, and has not felt the slightest inconvenience from the operation.

Dr. Cabot also mentioned the case of a child, 12 years old, who had had one of the middle incisor teeth filled with an arsenical preparation for the destruction of the nerve. In a few hours the patient had great pain in the tooth, the face was swollen, and all the teeth became loose, so that they could be moved. Six weeks afterwards he came to Dr. Keep, who advised that they should be removed, which was done. There was an opening in the cheek through which several pieces of bone came away, and this continued six weeks before all the pieces were removed. Dr. K. has had several cases where teeth were filled with arsenic in which such results followed, and in the case of Dr. Cabot, Dr. K. thought they arose from the same cause.

Dr. Cabot thought it merely destroyed the vitality of the tooth, which then acting like a foreign body, produced ulceration of the alveolus and necrosis. The attachments around soft parts were perfectly healthy in both Dr. C. and Dr. K.'s cases.

Dr. Slade asked whether exposure to the fumes of phosphorus might not have been a cause of the disease. He had seen a case somewhat similar in a girl 18 years of age, who came to him for advice. An incisor of the upper jaw had been extracted. The cheek became swollen, and a small portion of bone followed the exit of the tooth. A molar next became loose, and was extracted, and thus the teeth continued to become loose, and were extracted one after the other for two years. Now she has lost all the teeth up to middle incisors. There was a constant discharge of pus, and a probe passed into the cavity of the antrum. The girl had worked in a factory where friction matches were made, and he attributed the disease to phosphorus. In this case, also, the gums were perfectly healthy.

Dr. Cabot said there was no chance of poisoning by phosphorus in the cases he reported. One of the patients was a school girl, and the other a young man in a comfortable condition of life, not obliged to work for a living. Poisoning by phosphorus was slow, and required time.

Dr. Williams spoke of the practice of some dentists and surgeons, of trephining the alveola and removing the decayed bone.

Dr. Ellis inquired if it was a common practice to make use of arsenic for preserving teeth.

Dr. Cabot replied that it was not employed now by respectable dentists in this country. Teeth filled with arsenic, he was informed by Dr. Keep, all turned to a mahogany color.

Another morbid specimen was exhibited by Dr. Cabot, from a young man, 20 years of age, who had had for two years a tumor near the cervical glands, which increased rapidly and was removed on May 19th. It was about the size of a walnut, smooth, and on being cut open, looked like a scrofulous testicle after cheesy matter had begun to form. The tumor was examined microscopically by Dr. B. S. Shaw, who made the following report:—

The tumor was evidently an *hypertrophied gland*, as its lobular structure lined with epithelium was readily seen. A few fibro-plastic cells and nuclei were intimately mingled with it. The softened yellowish portions distributed through the gland, which had very much the appearance of tubercle, presented under the microscope epithelial glandular cells, filled with granules.

### Bibliographical Notices.

*On the Chemical Analysis of the Tennessee Collection of Urinary Calculi.*

By E. B. Haskins, M.D. Pp. 28. 1855.

This is a "Report read to the Tennessee Medical Society in April, 1854, and published in the Transactions of the Society." One hundred and eighty urinary calculi have been analyzed by the writer, four of which "were from the lower animals." At the end of the pamphlet very good illustrations of the latter are given, and magnified views of the crystals observed in the specimens from human subjects. The large calculus from the horse's bladder is fitly characterized as "a very interesting" one. "Its weight 865 grains : specific gravity 2,100—composition, carbonate of lime with a small proportion of phosphate of lime. It is oblong and smooth on its surface, of pure whiteness, almost as hard as the hardest bone, receiving a smooth polish; its nucleus a section of a twig of one line in diameter." The bit of wood is supposed by the writer to have entered the bladder "from the intestine by ulceration." The others (from animals) were from hogs; one is "a true mulberry calculus," weighing five ounces, eleven grains, and believed by Dr. Haskins to be "the largest of this variety on record." The nuclei of the remaining two of those observed in the hog were dried clots of blood.

The analyses appear to have been very carefully and thoroughly made, and are fully tabulated, ten pages being thus occupied. The amount of time and labor expended upon this "collection" must have been great, and we think the analyst deserves no little praise. He finds that "free uric acid deposits are extremely rare, whilst the urates have been quite common." This, he remarks, is the opposite of the experience of the British and Continental writers, who "speak of the uric acid calculi as the most common variety."—(P. 18.)\* We agree with Dr. H. that it would be interesting to acquire further knowledge upon this latter point, and particularly with reference to the question, raised by him, "to what extent this peculiarity (*i. e.*, rarity of uric acid calculi) exists in the United States—whether it be confined to the Mississippi valley, or to particular geological districts; or whether it be more general." The whole subject is one of great interest and importance, and we trust that one seemingly so capable and industrious as the author of this *multum in parvo*, will contribute still more to our knowledge. We have no space to present a fuller notice of this Report. The microscope appears to have been skilfully employed. We notice (p. 21) that "epithelial debris, fibrinous casts of the kidney tubes and a structureless fibrinoid matter were now and then recognized." The writer's experience is, "that those who suffer from urinary deposit do not show any special tendency to *calculous* troubles; also that the urine of persons afflicted with stone, is found generally quite free from deposit, except there has been great irritation of the bladder from the calculus, or the general health has become much impaired." The Report closes by the statement that it has been intended "to show by the foregoing remarks, that without a nucleus of foreign matter (and by "foreign matter" he means foreign to the urine "in a *chemical* sense," as well as foreign bodies proper) *no* state of the urine (with a few exceptions) will likely give origin to a calculus, and that where there is such a nucleus,

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\* Dr. Prout thus characterizes the lithic acid calculus.



any state of the urine may form one;" he adds that the facts he has recorded "point to the kidney and the agents that determine its local pathology, rather than to the urine and those agents that modify its chemical nature, as the chief sources of urinary calculi."

While we have been much interested by a perusal of the "Report," we must say that the apology of the printer for the "hiatus" on what should be the 18th page, is all very well, but one is equally demanded from the proof-reader, or whoever neglected his corrections, supposing them made. With a table containing *twenty* errata, for a pamphlet of 26 pages, we should hardly expect additional and apparently unnoticed errors; such as "anlyses" for analyses (p. 18), "comon" for common (ditto); "doposit" for deposit (p. 19). A *very* new hand and eye would hardly be excusable for this.

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*Quarterly Summary of the Transactions of the College of Physicians of Philadelphia.* New Series. Vol. II., No. 8. Philadelphia: Lippincott, Grambo & Co. 1855. Pp. 57.

THIS number of the Transactions contains a most elaborate report on the Meteorology and Epidemics of Philadelphia for the year 1854, by Dr. Ruschenberger, consisting of a Meteorological Summary for the year, and Tables exhibiting the mortality under different aspects. The first of these is a series of six tables, showing the mortality from Diseases of the Lungs and Air-passages, of the Nervous System, of some Organs of Nutrition, of the Urino-Genital Organs, from Fevers, and the causes assigned for death where the number is 90 and upwards. Under these general heads, each separate disease is given, with the number of deaths in the five preceding years, as well as in each quarter of 1854. Next follow tables exhibiting the mortality of each disease in each week throughout the year 1854, the deaths of adults and minors being distinguished. These tables must be invaluable aids in the study of disease in Philadelphia, besides being of more general utility, and they reflect the highest credit on the ability and industry of Dr. Ruschenberger.

The other contents of the work consist of a paper by Dr. Wister on a case of Disease of the Heart; one by Dr. Rand on the treatment of Diabetes by Benzoic Acid; a discussion on the elimination of Mercury from the system by means of Iodine; etc. etc. This work is published quarterly, at the price of 25 cents per number, or \$1 per year. It is hardly necessary for us to recommend a work containing papers and discussions by the most eminent men in Philadelphia, and which can be had at so low a rate. The printing and general appearance of the book are excellent, and evince much taste on the part of the Publication Committee. It may be had in Boston of Fetridge & Co.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 31, 1855.

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### POPULAR MEDICAL DELUSIONS.

A VOLUME might be written upon this theme, yet the few remarks we have to offer may not be wholly unavailing. Certainly in no other matter of great importance are people so unwise and preposterous in their proce-

dures as in the care of their health and in the measures to which they resort for its restoration when impaired. Not content to entrust themselves to those who have devoted many years of patient and self-denying labor to acquiring a knowledge of diseases and their remedies, they rush blindly for relief into the arms of the foreign adventurer or native peripatetic, deceived by promises loud in sound, but impossible of fulfilment. The conscientious physician, whose time and means have been freely expended in fitting himself for his honorable and responsible profession, feels it to be a grievous wrong that an intelligent community should permit the impudent pretender to medical skill to move by his side, ostensibly upon the same high errand. Not only, however, is this allowed, but it is *encouraged*, and by those too, who, were similar treatment shown to them in the exercise of their occupations, would instantly complain of the injustice. Professional men, even, do not scruple, in this and in every community, to flatter and feed the quack, at the expense of honest, competent and scientific physicians. Clergymen are particularly obnoxious to this statement. From the huge humbug of homœopathy, to the most despicable of spirit-rapping and *clairvoyant* fooleries, the world runs mad for "*some new thing*." Now it is a truth which none can deny, that physicians have very rarely, almost never, deigned to utter a word of remonstrance at the folly of those who choose to employ ignorant, pretentious and unprincipled practitioners. The aims of the profession are too high and its ministrations too sacred to admit of its members contending with such persons for that emolument which properly belongs to them alone. There is none of that blazonry and boasting, which takes the popular eye and ear, about the true physician; and he is willing to leave these means of sustenance to the miserable individuals who would certainly starve without some such specious show. Most of the medical man's duties are quietly done; his "cures" are not pamphleteered about the streets, and his "advice gratis" is almost never *known*, though many have it, daily.

It has always seemed to us that people in general lose sight of common sense in their management of the delicate system upon which they permit, nay even solicit, "Dr." (alas for the honor of this prefix in our days!) Any Body to come and tinker! If a watch require repairs, does the owner take it to a blacksmith, or to any one who will proceed hap-hazard to its rectification? especially, would it be entrusted to a person who had never even seen its internal mechanism—much less, carefully studied it? Quite as unreasonably do they act who place their bodies at the disposal of those who have one remedy or mode of treatment for every ailment, or who audaciously append to their names the dishonored title of "M.D.," their previous occupation having been (as in an instance lately exposed in New York) that of groom to a gentleman's horses, or something quite as Esculapian!

To the disgrace of the daily press (with only one or two honorable exceptions), the most culpable support is given to those who thus literally trade and speculate in health and life. For the sake of pelf, papers whose managers would frown most indignantly were their "respectability" questioned, are defiled with the most disgusting and vulgar advertisements; while editors and publishers alike look complacently upon the sneers indulged in at a noble and unselfish profession. Not many weeks since, one of our most valued and widely circulated papers allowed the publication of an infantile attempt at ridicule of what was termed "baby Allopathy," and which was feebly ejaculated by a disciple of Hahnemann on the occasion of the celebra-



tion of that enthusiast's birth-day. This is not the place to show that the term "Allopathy" is one "of reproach," as we once heard a distinguished physician of this city aptly designate it; nor that legitimate and reliable medicine is incapable of invidious and petty divisions; we have referred to the journals, only to show how largely they minister to the diffusion of popular medical delusions. The injury done to the uninstructed, who are induced by the diurnal repetition of the promises of impostors to waste their money, undermine, and frequently to ruin, their health, is incalculable; and the blame attaching to those who are thus the aiders and abettors of the mischief, is in a corresponding ratio. In this age of tough and elastic consciences, we do not expect that any representations we can make will be of much real advantage to the deceived, or that they will diminish the number of the deceivers. Still it is no less a duty to expose the rottenness of the foundation upon which so many are willing to stand.

We could state many instances, had we room for them, in which the representations of the victims from whom money, time, and health had been filched, and confidence in the good intention of *any* medical advisers nearly destroyed, were enough to rouse the slowest pulse with indignation at such treachery, and to make those who were guilty forever hang their heads with shame, were not this feeling unknown to them. Were the accumulation of money the ruling motive or even a common one, with physicians, their best course would be to encourage quackery and favor the increase of bold and incompetent experimenters—for nearly every medical man, we venture to say, can refer to almost numberless instances of application for advice after disastrous experiences with empirics. The dishonesty of the latter is so glaring that it is wonderful they do not sooner expose themselves to their dupes. The homœopathic practitioners, who pretend a scientific basis for their absurd system, might be forgiven for their nonsense, but never for their not infrequent duplicity; it is well known that while purporting to give infinitesimal doses, they often administer powerful ones. Only a few days since, we heard the following prescription read, and which was written by a homœopathist in this city:—*R.* Potassæ Iodidi, ℥ss.; Hydrargyri Deutiodidi, grs. ij.; Aquæ Destillatæ, ℥iv. M. *Dose*, one teaspoonful three times a day. Still more abominable (when its source is considered) is this, frequently ordered (on the testimony of a highly respectable apothecary). Hydrocyanic acid and concentrated nitric acid, combined; the formula and direction being such that eleven drops of prussic acid and six drops of nitric acid were given for a dose, three times a day! Marvellous, but true. These delusions of the public are common. Another of this class of practitioners ordered, for a child, frequent teaspoonfull doses of cod-liver oil and lime. How can those be trusted who thus set *truth* and their own dogmas alike aside? We have often thought that action at law might well be taken against these medical pirates, under a charge of obtaining money "by false pretences."

To give the reasons why the public so rashly hazard health and life in the numberless ways open, like sepulchres, in every direction, would occupy too much space; neither can we, at present, expose all the tricks of the harpies by whom society is infested. Those who, while they must know better, assist them to their prey, *are more culpable* than they are themselves. The highwayman will stop the traveller, that is his occupation; the wild beasts will destroy, to satisfy their own insatiable appetite; and the quack will rob and batten—to help him, however, is not only needless, but virtually to trample upon both law and common rights.

Not long since, in a respectable family, we were asked to see a patient who was under the care (?) of a "mesmerist," who had represented the case as desperate,—that if recovery took place, it would be a miracle, &c.,—but that *he* would *try*! While declining, of course, to prescribe, although asked to do so, curiosity prompted us to a partial examination of the patient's condition, and so exaggerated had been the statements, and so melancholy was the *delusion* in this case, that we felt bound to expose the arch cunning of the pass-maker, and pronounce the patient not dangerously ill, nor "near her death"—and even that certain very ordinary measures, with proper diet, would be followed by recovery. Great astonishment was manifested—these people evidently believing that unless so many mesmeric passes were made, every day, no chance, even, remained for recovery. The means hinted at were compelled, by the family, from the practitioner, whom they chose still to retain; restoration to the usual health took place, although the invalid was quite old and of broken constitution. Doubtless the "passes" obtained the merit of cure. Such actual superstition in our midst puts humanity to shame.

Notwithstanding the unforgotten evils of nearly defunct Thomsonism; the drownings by injudiciously applied hydropathic measures; the hair-breadth escapes from, and actual deaths under, the inactivity or deceit of Homœopathy,—which system its originator, even, as we are reliably informed, dared not to trust in his last illness;—in spite of ignorance, as legible in the men themselves as are the letters on their hand-bills and in their newspaper puffs,—we dare say that multitudes will annually sacrifice themselves to popular medical delusions.

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*Contagiousness of Puerperal Fever.*—Our correspondent, Dr. Chandler, of St. Albans, Vt., in a recent note to the Editors, directs their attention to an article, written by himself, in the 33d volume of this Journal, descriptive of an endemic of puerperal fever which prevailed in Rutland County in 1820. It was characterized by the occurrence of the fever in women confined with their *first* children, and in those only; and, what is still more remarkable, no case of *first labor*, in the hands of any of the physicians within the limits of the endemic, escaped without the superintention of the fever—and all the fever patients but two were said to have died. This continued for 10 or 12 weeks. Dr. C. is desirous—and we would add our own urgent request to his—that Prof. Perkins, of Castleton, who was then a practitioner in the locality of the endemic, and is still living there, would furnish the profession with the particulars respecting it, so far as they can now be collected from records or memory.

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*Great Work by Professor Agassiz.*—We notice with great pleasure that Professor Agassiz is about to publish the results of his laborious investigations in the natural history of this country. This work, which has been many years in preparation, will be issued in about ten large volumes, each complete in itself, and for sale separately at twelve dollars. The work will be abundantly illustrated by engravings, and no pains will be spared to render its mechanical execution worthy of the very great importance and interest of the subject. It is obvious that such an undertaking can hardly be profitable in a pecuniary sense, and we earnestly hope that a liberal subscription will at least insure the learned and distinguished author against loss in an undertaking which will shed so much lustre on his adopted country.



*Medical Books and Instruments.*—We learn that a number of medical books, and a few instruments, belonging to the late Dr. William T. Parker, are for sale at the store of Mr. S. H. Woods, apothecary, Tremont street. From a knowledge of Dr. Parker's library, which, although small, contained many select works, we feel sure that students in medicine and others who desire good books at a reduced price, may find such in this collection. There is also a valuable American edition of the Edinburgh Encyclopædia, in 16 vols., with an Appendix in 3 or 4 vols., the original cost of which was five dollars a volume; it may now be procured for less than half that sum. It would be a desirable addition to any library. We trust these books may find purchasers.

*Medical Miscellany.*—The Massachusetts College of Pharmacy have petitioned the City Government that its members in Boston may be appointed agents to sell spirituous liquors for chemical, medicinal and mechanical purposes.—Dr. Charles D. Homans has been elected a member of the School Committee of this city, for Ward 7.—The use of tartar emetic, as a remedy for drunkenness, in two-grain doses, as recommended in the London Lancet some time since, by Dr. Gilbert, has been found useful in the practice of Dr. Weaver, an English practitioner; but a correspondent in the London Lancet very properly questions the safety of the common use of so powerful an agent.—Drs. W. L. McMillen and W. R. Thrall, of Ohio, gentlemen of high standing in their profession, are about repairing to Russia, to enter the military service as surgeons in the Russian army.—Prof. Asbury Evans has vacated the chair of surgery in the Ohio Medical College, and will practise his profession in Covington, Ky.—One hundred and eighty six children were vaccinated at the Williamsburg (N. Y.) Dispensary between the 1st and 20th of May.—The "Stethoscope," a monthly journal, heretofore issued by the Medical Society of Virginia, has been purchased by the publishers, Messrs. Ritchie & Dunnivant, by whom it will be issued regularly as heretofore.

#### NOTICES.

We hope to be able to present in our next number a report of the proceedings of the Association of the Superintendents of lunatic asylums during their late session in this city.

*Communications Received.*—On the Frequency of Inflammatory Affections of the Os Uteri, and their Pathological value.—On the use of Coconut Oil in Pulmonary Consumption, as a substitute for Cod-Liver Oil.—Medical and Surgical Experiences at the House of Industry, No. II,—cases of Pleuro-Pneumonia and Traumatic Retention of Urine. On Pus in the Urine.

In the Hospital reports, in the last number (page 317), in the 10th line, instead of "military" read "Miller's."

**MARRIED**,—At South Hadley, 18th inst., James M. Selfbridge, M.D., of San Jose Valley, Cal., to Elizabeth Loveridge, of Mount Holyoke Female Seminary.

**DIED**,—In Middletown, Ct, Dr. Hamilton Brewer, aged 40 years.—At Sebastopol, Russia, March 20, of typhus fever, Dr. Isaac Draper, Jr., son of Isaac Draper, Esq., of South Attleboro', Mass., 31.—In Portsmouth, N. H., May 25, Dr. Joseph Dwight, aged 79 years 9 mos.

*Deaths in Boston* for the week ending Saturday noon, May 26th, 61. Males, 23—females, 33. Accident, 2—inflammation of the bowels, 1—inflammation of the brain, 1—consumption, 14—croup, 2—diarrhoea, 1—dropsy in the head, 3—debility, 1—infantile diseases, 4—puerperal, 1—erysipelas, 1—typhoid fever, 2—scarlet fever, 1—hooping cough, 1—disease of the heart, 1—hæmorrhage, 1—intemperance, 1—inflammation of the lungs, 3—disease of the liver, 1—marasmus, 1—old age, 1—pleurisy, 2—palsy, 2—peritonitis, 1—syphilis, 1—smallpox, 7—teething, 2—inflammation of the womb, 1—worms, 1.

Under 5 years, 22—between 5 and 20 years, 5—between 20 and 40 years, 18—between 40 and 60 years, 9—above 60 years, 7. Born in the United States, 42—Ireland, 14—England 1—British Provinces, 2—Germany, 1—Flores, W. Ind., 1.

*Association of Superintendents of Insane Asylums.*—This Association, composed of Superintendents of Hospitals for the Insane, assembled in this city on Tuesday, 22d inst., at the State House. Dr. Luther V. Bell, of the McLean Asylum at Somerville, resigned his office as President, and Dr. Isaac Ray, of the Butler Hospital, Providence, was elected in his place. Dr. T. S. Kirkbride, of the Pennsylvania Hospital, Philadelphia, was chosen Vice President, and Dr. C. H. Nichols, of the General Hospital at Washington, Secretary. Papers were read and discussions were held on the management of the insane.

On Wednesday, by invitation of the Mayor, the Association assembled in the Common Council room, and papers were read, followed by discussions. In the afternoon they visited the University at Cambridge, and the McLean Asylum at Somerville. The session was continued through the week.

*Dr. Shurtleff.*—We learn with great pleasure that Nathaniel B. Shurtleff, M.D., of this city, was elected an Honorary member of the Royal Society of Antiquaries, of London, on the 3d inst., on the nomination of the President of the Society, the Earl of Stanhope, who is better known in this country by his former title, Lord Mahon. Dr. Shurtleff is well known for his useful antiquarian researches, of which a conspicuous proof has been exhibited in the preparation for the press of the Records of Massachusetts, printed under the authority of the Legislature, a work which has been done with singular accuracy of detail, combined, moreover, with the greatest elegance in the appearance of the volumes. The compliment is well deserved.—*Boston Transcript.*

*New Work by Professor Agassiz.*—It is understood that Prof. Agassiz has now in the progress of preparation, as the fruit of his researches in the natural history of this country, materials sufficient for ten quarto volumes, to be entitled "Contributions to the Natural History of the United States," and that the first part may be expected soon to be ready for the press. Such a work from such a source, relating wholly to America, will be not less honorable to the country than to its author. It will diffuse a knowledge of American science, and contribute to elevate it in public estimation wherever intelligence and learning are considered as an index of intellectual culture and progressive civilization. A work of this kind must necessarily be expensive, by reason of the illustrative engravings which it requires, yet it can scarcely be doubted that, from patriotic feeling, it will meet with a generous patronage from the intelligent and liberal-minded generally, as well as from those who are specially interested in scientific inquiries.—*Advertiser.*

*Death of an American Physician.*—The Providence Journal mentions the death of Dr. Isaac Draper, Jr., an American surgeon in the Russian service, and son of Isaac Draper, Esq., of South Attleboro', Mass. He died at Sebastopol on the 20th of March, of typhus fever, after an illness of four weeks. He was 32 years old, and graduated at Brown University in 1844.

*Suit against a Railroad.*—The jury in the case of Dr. Charles H. Browne, against the New York and New Haven Railroad Company, to recover compensation for personal injuries sustained by the railroad accident at Norwalk, in May, 1853, which was held at Ipswich week before last, returned a verdict on Saturday the 19th inst., for the plaintiff, of sixteen thousand dollars. The damages claimed were twenty thousand dollars.

*Tasteless Infusion of Senna.*—Dr. Brandeis recommends a cold infusion of senna for 12 hours in a covered vessel, as especially useful in infantile therapeutics. By this modification of the process usually employed, the water contains only the cathartic and the coloring matter, leaving the essential oil, the fatty matter and the irritating resin, which are only soluble in hot water. Senna water thus prepared cold, is almost insipid, and its taste completely disappears when mixed with infusion of coffee or tea.—*Archives Generales de Medecine for April.*

*Mineral Acids in Nausea and Vomiting during Pregnancy.*—A writer in the *Peninsular Journal of Medicine* states, that he has successfully used the mineral acids for the relief of obstinate cases of vomiting during pregnancy. Some cases in which he administered dilute sulphuric acid are noticed, but the dose and method of administration are not stated.—*Philad. Medical News.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 18.

## THE QUESTION OF THE FREQUENCY OF INFLAMMATORY AFFECTIONS OF THE CERVIX UTERI; AND ALSO THAT OF THEIR PATHOLOGICAL VALUE.

BY LUTHER PARKS, JR., M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

FREQUENCY.—Inflammatory affections of the cervix uteri are thought by Dr. Robert Lee to be rare. The views of this author are shared, to a greater or less extent, by Dr. Ashwell and some others.

The grounds of disbelief in the frequency of these affections are derived from results of autopsies and of observation in the living subject.

Dr. Lee states that a large number of autopsies were made at the St. Marylebone Infirmary, and at St. George's Hospital, in which inflammation and congestion were found in but a small proportion, and ulceration of a doubtful character in but a minute proportion of the cases. One hundred and eighty uteri were examined at St. George's Hospital by Mr. Gray, who found redness, slight abrasions and granulations, sometimes, but not frequently—ulcerations never, except of a specific character. "In a considerable number of cases in which ulceration had been affirmed by others to exist, after repeated and deliberate examinations with the speculum," Mr. Gray ascertained that "ulceration did not exist in the os and cervix uteri—nor disease of any kind."

The result of Dr. Ashwell's observation through many years' experience was "decidedly opposed to the views of uterine pathology which had of late years been so industriously propounded." Out of a thousand (1026) cases of actual uterine disease seen by himself and pupils, only twenty-five were found to be instances of inflammation of the uterine neck.

Dr. Lee also states that he has frequently used the speculum, but has never seen *ulceration* of the os and cervix uteri, unless of a specific, and especially of a scrofulous\* and cancerous character.

In opposition to the foregoing statements are opposed the expe-

\* It is worthy of notice that Dr. Lee here acknowledges having seen *ulceration*—though called by him scrofulous.

rience of Drs. Bennet, Murphy and others who *have been in the habit of using the speculum*.

Dr. Bennet explains the results of *post-mortem* examinations at the Marylebone Infirmary, by recalling on the one hand, "the well-known fact" that "the most eminent pathologists often passed over important lesions without observing them, until their attention had been directed to them," and declaring, on the other hand, that when the above-mentioned researches were made, "the practical knowledge of the inflammatory lesions of the cervix uteri did not exist in the profession." Moreover, remembering that the females in question died from general disease without the existence of any uterine ailment having been suspected, the discovery of such lesions, even in a limited number of cases, is of itself, he thinks, a clear proof of the not unfrequent existence of the disease.

In reference to the cases quoted by Dr. Ashwell, he opposes his own observations, from which it results that out of three hundred cases presenting uterine symptoms, there were two hundred and forty-three of inflammation, and two hundred and twenty-two of ulceration. The discrepancy he explains by supposing that a speculum examination not being considered, at the time, by Dr. Ashwell to be warranted, the real nature of the complaint was not recognized in the majority of his cases.

Dr. Lee, also, we may add, objects strongly to the employment of the speculum, save in exceptional cases, relying upon the digital examination, which has been shown by Dr. Bennet to be *unreliable*.\*

In confirmation of Dr. Bennet's position, Dr. Murphy† states that he has been in the daily habit of seeing cases of inflammation of the uterine neck, in all the stages of its progress. He has seen hundreds of cases of uterine disease, and declares that seven tenths were cases of inflammation of the cervix uteri.

The question of *ulceration* has been, also, further discussed upon a somewhat different basis. The fact of certain appearances being taken as a postulate, the question is considered, "Do these appearances denote ulceration"? Dr. Snow Beck replies in the negative, claiming that only abrasion has been proved to exist. Dr. Lee acknowledges having seen *excoriations* or *granulations* upon an intensely-red base (an important admission, we may remark by the way); and the writings of Dr. Snow Beck (also, until recently, those of Dr. Tyler Smith) tend to the point that these are in reality the appearances described by Dr. Bennet as ulcerations; that there is in them no solution of continuity, and, consequently, that they do not deserve the title of ulcerations.

Dr. Bennet, on the other hand, quotes authorities to sustain his use of terms, and states that in the appearances he describes, the granulations may be "large, fungous, livid, and bleeding at the slightest touch."

\* M. Dupuytren also observes that "mucous ulceration" of the cervix uteri may be easily overlooked if we proceed no further than to an examination with the finger.

† Of University College, London.



Dr. Murphy also says that in the cases he alludes to (as cases of ulceration) there would be found "a circumscribed inflammatory surface secreting pus"; and implies the question—"what is the inference in regard to such an appearance"?

An answer to this question may be found in the results of the brilliant researches upon the subject lately conducted by Dr. Tyler Smith. Dr. Smith states that in the course of his microscopical investigations of the cervix uteri, the basement membrane, with its superimposed epithelial layer, was found to cover numerous villi or papillæ.

Now, Dr. Smith states that with the assistance of Dr. Hassall he has examined many cases of "abrasion or superficial ulceration." In a portion of these cases there was merely a loss of epithelium, and he declares that in analogous states in the living subject, the mucous surface is of an intensely red color from the presence of the naked villi, with their vascular loops, and conveys the "velvety" sensation which has been described as indicative of ulceration; the villi, in this condition, standing out like the "pile of velvet," and being in some cases considerably enlarged. *But*, "in other cases there is not merely loss of the dense epithelium, but the villi, both of the external surface of the os uteri, and of the mucous surface within the labia uteri, are destroyed in patches. In that condition of the os uteri, which upon examination after death would be pronounced *undoubted superficial ulceration*, the state which generally obtains is partial or entire loss of the epithelial layer in circumscribed patches, and here and there *the loss or partial destruction of the villi*." \* \* \* \* "Sometimes small circumscribed *ulcers* are seen, in which the denuded or partially denuded villi are found surrounding the edge of the small ulcer, *the area of the ulcer itself being bare of villi*, or the ragged debris of villi, and their vascular loops, appearing at the bottom of the ulcer."

Again, he says, by far the most common lesion is "*epithelial abrasion*"; but there is a second grade in which "the villi and occasionally the base from which they spring are affected by a *superficial ulcerative process*, which may be designated as *villous abrasion, erosion, or ulceration*."

Finally, we quote the following words of Dr. Smith. "In one case which I examined after death, not only the villi, but *portions of the lower rugæ* in the glandular portion of the cervix were eaten away."

Now, what shall we conclude but that there is such a thing as *ulceration* of the cervix uteri, though less frequent than an antecedent stage of the inflammatory process—viz., *abrasion*. The distinction between these two states we believe to be not always borne in mind, and to be not always easy. It is, however, not of the highest practical consequence. For, although *other things being equal*, a less degree of disease will cause less suffering than a greater, yet in practice the "other things" are so far from being

actually equal in different cases of female complaints, that I had almost declared the intensity of the symptoms to bear a correspondence less close to the intensity of the disease, than to the idiosyncrasy of the patient.

To revert to the question of the absolute frequency of ulcerative appearances, we have seen that Dr. Bennet found them in two hundred and twenty-two out of three hundred cases presenting uterine symptoms. We will add that Mr. Whitehead, as the result of very extensive observation, found them to be a very frequent occurrence in the females of the city of Manchester. But, finally, last but not least, we have the statement of Dr. West, of London, in a work lately written to *disprove* the pathological *importance* of the ulceration of the os uteri, that of sixty-two uteri taken from patients who died in the medical wards of St. Bartholomew's Hospital, of *other than uterine disease*, seventeen were affected with ulceration of the os (a most striking fact under the circumstances); and that out of two hundred and sixty-eight cases in which the speculum was used in the living subject, the os uteri was found to be the seat of ulceration in one hundred and twenty-five.

We consider, therefore, the frequency of ulcerative appearances, at least as well as of other forms of inflammation, fully proved.

We have now a word to say upon the *pathological value of inflammatory affections of the uterus*. From the general tone and drift of Dr. West's paper, already referred to, and of the remarks of those who, as reviewers, have eulogized it, one might be led to infer that not alone *ulceration* was under consideration, but that *inflammatory diseases* generally had been the object of his investigations. Dr. West dogmatizes as though he had shown that the diseases requiring ocular inspection of the womb must be comparatively rare, so much so that the employment of the speculum must therefore seldom be requisite. He combats the modern views of uterine pathology which locate, so often, in the *uterus* the source of *uterine* symptoms, compassionating its supporters as mistaken enthusiasts, and, while acknowledging that ulceration of the os uteri is not absolutely unimportant, intimates the more frequent dependence of uterine ailments on constitutional causes. These conclusions would seem, from his course of remark, to flow as deductions from his observation of numerous cases examined by the speculum. His results are given in the form of tables, and, so far as they go, are admirably presented. But, an examination of these tables, and even his own summary of results, when he distinctly presents it, shows that no such conclusions as the above are warranted by his statistics. The only inferences deducible affect, not inflammatory affections generally, but only *ulceration*—and that, simply in comparison with other uterine affections, other forms of inflammation, for all that appears to the contrary, among the number.

Out of 1226 cases, in 268 the symptoms appeared to Dr. West to justify the use of the speculum. From these 268 cases (which he divides into two classes—those in which the os uteri was found to



be the seat of ulceration, and those which showed no sign of that condition), he chiefly draws his conclusions, though for some purposes, he properly compares them with other cases.

Some of the most important results which he deduces from the above cases, are, that, while "menstruation was found to be oftener excessive, leucorrhœa to be more frequently profuse, in cases where the os uteri was ulcerated," (and in like manner, he says "the existence of that condition seems to be accompanied by pain diffused generally over the whole pelvic region more frequently when the os uteri is ulcerated than when ulceration is absent"); and, while "the symptoms"—"identical in character in the two classes of cases"—"seem to present a slightly-increased degree of intensity in those instances in which ulceration of the os uteri existed—yet, "uterine pain, menstrual disorder, and leucorrhœal discharges—the symptoms ordinarily attributed to ulceration of the os uteri—are met with independently of that condition almost as often as in connection with it."

Now, I would briefly ask, what is there in these conclusions, which if they had been enunciated by Dr. Bennet himself would be inconsistent with his teachings? Is it to *ulceration* that his catalogue of *symptoms*, strictly speaking, is referred? Does he not constantly consider *inflammation and ulceration* together, save in speaking of those local changes—the *consequences* of ulceration (as, for instance, hypertrophy) which he sees fit to term the *anatomical* symptoms of the latter state? Nowhere, so far as I know, does Dr. Bennet or any other observer assign to ulceration the predominance above intimated over at least other inflammatory affections of the cervix uteri.

Let us now, by way of further example, analyze some of the results of Dr. West's first table—that prepared with reference to the relation between ulceration and *sterility*.

In 930 healthy women delivered by pupils of St. Bartholomew's, the average number of children to each marriage was 4.17.

In 980 patients with uterine symptoms, examined or not with the speculum, the average number of children to each fruitful marriage was 2.7.

In 125 patients\* *with* uterine symptoms, examined with the speculum, in whom *no* ulceration was found, the average number of children to each fruitful marriage was 3.3; in 117 patients *with* uterine symptoms, and *with* ulceration, as shown by the speculum, the average number of children to each fruitful marriage was 3.5.

In the total number (980) of patients with uterine symptoms,† the proportion of sterile marriages was 1 in 8.5. In those of the above who were examined with the speculum (125 in number) and found not to present ulceration, the proportion of sterile marriages was 1 in 5.2. In the remainder (117) in whom the specu-

\* It should be noted that no statement is given as to whether or not other forms of inflammatory affections than ulceration existed in these 125 cases.

† The clause *capable of affording statistics in this connection* should be inserted.

lum showed ulceration, the proportion of sterile marriages was 1 in 7.3. *But no statistics were obtained of the proportion of sterile marriages in healthy women, or women without uterine symptoms.*

Now, as says Dr. West himself, "we cannot but be struck with the great diminution in fecundity in those women who were suffering from ailments of the generative system;" and we may add that to those who will believe that in the absence of proof to the contrary, the larger portion of these cases was made up, wholly or in part, of inflammation (their belief being founded upon the statistics of West himself as well as upon those of Bennet), the above facts will be confirmatory of the influence of *inflammation* upon conception.

"This result, however," Dr. West remarks, "instead of being more marked in cases of ulceration of the os uteri than in those where no such condition existed, appears in reality to be less so."\* In reply to this proposition I would ask, who has alleged the greater or less influence of *ulceration* in this respect? Has any one made ulceration *the* cause of sterility, instead of placing it *among* the causes of that state? Has, in fact, ulceration been dwelt upon as (more than other forms and terminations of inflammation) a specially active cause of sterility? Certainly it has not been thus dealt with by Mr. Whitehead or Dr. Bennet.

Mr. Whitehead enumerates the causes of sterility thus—"diffuse chronic endo-enteritis; morbid states of the uterine and vaginal secretions—their deleterious effect upon the spermatie animalcules." "Chronic endo-enteritis," he says, "or what may be called irritable uterus [*not ulceration*], is in fact one of the most frequent causes of sterility."

In the 9 cases of sterility reported by Mr. Whitehead, the attending lesions mentioned are sanious leucorrhœa and infirm health; sanio-purulent leucorrhœa, endo-enteritis, dysmenorrhœa, secondary syphilis, procidentia uteri, profuse leucorrhœa, ulceration and erosion. In none of the above cases is ulceration set down as the sole diseased condition, and in four only is it mentioned as occurring at all.

I rise, in fine, from Dr. West's work with the impression that while the large proportion of speculum examinations which revealed ulceration by Dr. West are of great value as confirming the experience of Dr. Bennet and others, in relation to the frequency of ulcerative appearances (the observations being made by one who would not be likely to see the lesion in question, *where it did not exist*), the former observer's statistics do not invalidate any of Dr. Bennet's positions, unless it be, perhaps, to a certain extent, the influence of ulceration upon hypertrophy.

In conclusion, I would remark in relation to the pathological value of inflammatory diseases of the cervix uteri generally, that while the causes to which female ailments were formerly assigned,

\* In justice to Dr. West, it should be stated here that he observes that "the number of facts from which this table is constructed are too few to justify any such inference" as that sterility is less likely to occur where there is ulceration than in other cases.



were vague and unsatisfactory, and their treatment inefficient, the modern uterine pathology, in ascribing those ailments in a large degree to uterine inflammation, is, to some minds at least, tangible and rational, and the modern treatment productive of the removal of the symptoms. In a word, females present themselves with certain abnormal appearances at the cervix uteri, and with certain symptoms. A certain course of treatment is adopted, *unlike that formerly employed*, and as a general thing the abnormal appearances are removed, and *unlike what formerly happened*, the symptoms take their departure.

May, 1853.

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OBITUARY NOTICE OF DR. RUFUS LONGLEY, LATE OF HAVERHILL.

[Read before the Essex North District Medical Society, by K. FLINT, M.D., and communicated for the Boston Medical and Surgical Journal by a vote of the Society.]

GENTLEMEN,—The general law of mortality teaches us, with mournful eloquence, the frailty of human nature. Death has repeatedly invaded the circle formed by the members of this Society, and summoned one and another to leave these earthly scenes. And now, again, we are admonished that we are mortal. The large and noble form that, till recently, was here, so firm and vigorous, has fallen before the shaft of the great destroyer. The seat of our professional brother, Dr. Longley, is this day vacant; and it is due to ourselves, as well as to departed worth, to notice the exit of one so distinguished for public usefulness and private virtues, by a sketch of his life and character, as a testimonial of our respect, and a memento of his honorable connection with this Society.

RUFUS LONGLEY was born in Shirley, Mass., July, 1789. He pursued his preparatory studies at Lawrence Academy, Groton, Mass., and entered Harvard University about the year 1807. After leaving that institution, he commenced the study of medicine in the office of Dr. Prescott, of Groton, and took his medical degree at Dartmouth College. In the year 1812, at the age of 23, he opened an office for the practice of medicine and surgery in Haverhill, Mass., where he practised forty-three years.

Nature had bestowed her favors upon our departed friend with a liberal hand. She had given him a large and well-developed physical frame, a fine form and commanding appearance. He was also endowed with high mental qualities, quick perception, retentive memory, an ardent love of truth, and every social quality. He did not neglect his talents. By observation, study and experience, he cultivated his intellectual powers, and acquired a fund of knowledge and strength of judgment, which fitted him for that high position in society which he attained as citizen and physician.

As a citizen, he took a lively interest in the affairs of the town, and an active part in everything pertaining to its general welfare and prosperity. His ability, integrity and concern for the public

good often led his fellow citizens to place him in positions of responsibility, which he filled with dignity and faithfulness. He was not less distinguished for his business talents, which he employed for the most part in the banking interest of the place. For many years he was president of the Savings Institution; and he was also president of the Merrimack Bank at the time of his decease. At a meeting of the officers of all the banking institutions in Haverhill, resolutions were passed expressive of their deep regret at the death of their highly-esteemed friend and faithful associate—of his fidelity, integrity and ability in all his business relations—of his kindness and courtesy in all his official and social intercourse—and of his useful and estimable character as a neighbor and citizen. Higher encomiums could hardly be passed, and yet they were just and deserved.

But it is as a physician that we are particularly interested in the subject of this biographical notice. As such, Dr. Longley was “a workman that needeth not to be ashamed.” He was a physician not merely by profession, but by the necessary qualifications of a physician—by a mind, naturally strong, and trained to hold the subject of thought till it was examined in every relation—by a good foundation for professional eminence laid in a regular course of study at the commencement of his professional career—by a rich fund of knowledge gathered from his frequent intercourse with books—by the advantage of a constant and careful observation of disease—and by long experience in the application of remedial means to the cure of the many ills of life. From these sources, he derived a medical skill, an intuitive perception, by which he was able readily to distinguish the true malady and apply its appropriate remedy, and by which he gained the popularity of a successful practitioner. And thus he secured to himself a permanent and honorable residence among a people, who could appreciate in some degree the skilful discharge of his professional duties.

Dr. Longley was extensively known and highly appreciated by the medical profession. Though he never sought for professional honors, he occasionally received them from the various societies to which he belonged. From the varied qualities of his mind, natural and acquired, he possessed a weight of character which gave dignity and importance to all occasions. He was one of nature’s noblemen. Intellectual, suggestive of thought, easy in communicating, free of access, open, frank and cordial, he enjoyed a rare degree of popularity with medical men. Physicians will bear testimony to his courtesy, his honorable deportment and noble bearing on all occasions. In consultations, he was fair and honorable; and kindly observing the rules of professional etiquette, he showed a becoming respect to the attending physician, while he gave satisfaction to the patient.

His relations to his own patients were cordial and affectionate. He approached them with mildness and cheerfulness, and with a characteristic firmness of demeanor which bespoke his interest in



them and secured their confidence in him. Well informed as to disease in general and a close observer of it in each individual case, his decision with regard to its nature and progress, its diagnosis and prognosis, were remarkably correct. When asked by the patient or friends his opinion, it was always candidly given. It was no part of his creed that the good of the patient required him to sacrifice the integrity of his character, by concealing the nature of the disease and its probable result in the case. What he said could be depended upon as his true opinion.

As to treatment, he had full faith in the efficacy of medicine as taught by the followers of Hippocrates—the school of age, wisdom and science—the only school which, untrammelled by dogmas and systems, is free to choose all that is good and refuse all that is evil in remedial means—the school which has discovered most that is valuable in medical science, whose principles are founded in the demands of our nature, and whose pre-eminent success will secure its popularity and general acceptance so long as disease shall afflict the race. Such was the system of treatment which he practised for nearly half a century; which he often carried to the bedside of the poor and ungrateful, without reward other than the luxury of doing good, and which in a great measure subdued the pains of his own last trying sickness, and smoothed his passage to the grave.

He manifested a good degree of perseverance in the practice of his profession. Night and day, rain and shine, alike found him pursuing his accustomed rounds. This practice he continued in spite of his disease, up to the time of his last sickness. He was moved by the kindest feelings of humanity towards those who asked for his sympathy and aid. The poor as well as the rich shared his skill with gratitude, and manifested their sympathizing sorrow in his last sickness, by their many anxious inquiries for his health, and their eagerness at last to see his remains and pay their sympathizing tear.

In the private relations of neighbor and friend, he was kind and obliging. In strife between others, he assumed the character of a peace-maker, laboring to restore them to each other's confidence and friendship. In his domestic relations he was kind and indulgent. The loss of an affectionate and amiable daughter, many years since, left a wound in his mind that never was healed. In his last sickness he consoled himself with the thought that he should dwell with her in immortal life. From his earnest concern for a preparation to depart, and from the expressions that fell from his lips, we have the consolation of believing that he obtained peace and pardon, and left the world with a sustaining hope of a better life.

The malady which terminated his useful life, was dry mortification of the left foot and leg. This fatal disease was preceded by an attack of angina pectoris, of which he had had several within the last seven years. The symptoms of these attacks were a fee-

ble and irregular pulse, difficult respiration, accompanied and generally preceded by severe gastric symptoms, and relieved by stimulants, anodynes and cathartics. The symptoms in the intervals were, for the most part, a severe distress a few inches above the heart, with pain in the arms, and produced by quick walking, especially up hill, or by mental excitement, and were generally relieved by rest and composure. The progress of the disease did not seem to be so marked the year or two next preceding the last year of his life, during which he abstained from animal food, and made frequent use of the hyd. potas., by the advice of the lamented Dr. Peirson of Salem.

The 23d of February was remarkably cold and windy. The doctor was that day about his business as usual, breasting the northern blast with a wounded heart. He complained at night of feeling unwell, and the next morning, of coldness, and distress in the feet which had afflicted him more or less for two years, loss of appetite, and by 9 o'clock a severe pain in the epigastric region, for which he took one third of a grain of morphia, and repeated it at 2, P.M. About 3 o'clock I was called, and found him with a pulse irregular, intermittent and scarcely perceptible—so oppressed at the lungs as to require the open air for relief, and at the same time cold and shaking as in a fit of ague. Diffusive stimulants were immediately administered, and repeated as often as required, till these alarming symptoms were removed.

From this time, February 24th, to the 27th, he was gradually recovering; and the most sanguine hopes were entertained of a speedy restoration to his usual health. This would in all probability have been the case, had not a new and unexpected disease surprised us, viz., the dry mortification of the left foot and leg. After a comparatively comfortable day on the 27th, I was unexpectedly summoned to his bed-side at midnight, and found his friends using friction upon his left limb to relieve the violent pain with which it was exercised. Although painful, it was palsied in the extremities, and insensible to the touch. By immersion in a hot alkaline bath, the pain was much abated and the power of motion and sensation returned. But this restoration was of short duration. The paralysis returned, and the pain, which seemed to originate in the deep-seated nerves, was again overcome by hot baths, with the addition of an occasional dose of morphia, while the action of the heart was sustained by stimulants, and the oppression at the lungs was relieved by fresh air. By these means he was made comparatively comfortable till the next night, when the pain became terribly severe, and resort was had to ether by inhalation, which was used as the severity of the pain required.

The next day the doctor was kept very much under the influence of morphia, while the limb assumed a dark mottled appearance, and had but slight sensation near the knee-joint. The following day there was but little pain, and the death of the part was nearly complete. He remarked that there seemed to be something be-



tween the hand touching the leg and the seat of sensation, as though the sensitive part was not reached by the hand.

Thus in three or four days, the foot and leg to within a few inches of the knee-joint passed from an apparent state of health to one of mortification, which became dry and hard in places before his death. After this, there was but little pain or distress in the limb, except when it became necessary to change its position; but he was continually harassed by severe gastric symptoms, which were greatly relieved by stimulants—as wine, brandy, ether or camphor. The hiccough was quieted by the use of hydrocyanic acid, every two hours when necessary.

By the sixth of March he had become more comfortable, with the exception of an occasional hiccough, and continued so through the 7th. During these two days his mind was clear and cheerful, and he enjoyed the intercourse of his friends in a high degree, and was able to dwell with lively interest upon those subjects which most intimately concerned him as an immortal being soon to pass to his unchanging state. On the 8th, 9th, and 10th, he grew regularly worse; his tongue became dry and his mind bewildered; and after a distressed night, he sunk to his rest a few minutes before 6 o'clock on the 12th of March, 1855.

Post-mortem examination of the body was made nine hours after death—Drs. George Cogswell, Crowell, How, William Cogswell, Chase and Flint being present.

The sternum, with a portion of the ribs on each side, was raised and presented to view, with the lungs, stomach, liver, &c., all of which were healthy. Removed the heart with a portion of the aorta. The aorta was normal. The semilunar valves were ossified in their central portions. About one third of each valve was ossified. Spicula of bone were traced in the course of the coronary arteries. The muscular substance of the heart, which was of the usual size, was less firm and more easily broken down than in the normal state.

Between the disease of the heart and the mortification of the limb, there was manifestly a connection as between cause and effect; but whether it was direct by enfeebled and diminished circulation, or indirect through the brain and nervous system, it might be difficult to say, though the former is probably true.

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## Hospital Reports.

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### MASSACHUSETTS GENERAL HOSPITAL.

*Case of Angular Curvature of the Spine.* (Under the care of Dr. CABOT. Reported by A. HOSMER, House-surgeon.) Wm. N., æt. 18, Norwegian; seaman. Admitted April 30, 1855. The patient, a strong, healthy-looking boy, with no indication of a scrofulous diathesis, says that ten months since, while at sea, he fell a distance of six feet, striking his back, at the upper part of the lumbar region, upon a large spar. The in-

jury was a source of no immediate inconvenience, causing but little pain, and no soreness or lameness.

About two months ago, he began to have pain and soreness in the region of twelfth dorsal vertebra; these symptoms were much aggravated by any use of the legs. He then first gave up work, and from that time to the present, there has been no material change in his rational symptoms. Of the appearance of the part, he knows nothing. Now, patient's appetite is unimpaired, has no unusual thirst, pulse is natural, tongue clean, nights good and bowels regular. He has never had pain or numbness in his lower extremities. His gait is rather unsteady, and he stoops slightly; has some lateral curvature in dorsal region, the left scapula being a little higher and more prominent than the right. The spinous process of the last dorsal vertebra projects nearly half an inch, and about it there is some swelling, together with a circular patch of redness an inch and a half in diameter. There is tenderness along the spine from the middle of the dorsal region down to the sacrum, but it is most marked midway between these two points.

When perfectly quiet, patient has but little pain, and can lie in any ordinary position without uneasiness.

May 3.—Had lin. sapon. et opii applied between scapulæ, and ol. crot. tigllii on each side of swelling below.

10th.—Begins to have pain in thighs and legs. *R.* Potassii iodidi, gr. ij.; decoct. sarsap., ℥ij. *M.* Ter in die.

13th.—Has more pain than at last report, and walks with a good deal of difficulty.

16th.—Pains in lower extremities are rapidly increasing in severity, and interfere with the patient's sleep.

Patient was taken to the operating theatre and etherized. Dr. Cabot applied the actual cautery along each side of the angular curvature.

20th.—Since the operation patient has had no pain in his limbs, and can walk with much more ease than before.

26th.—Has not the slightest return of his old symptoms, and his whole condition is very satisfactory.

## Reports of Medical Societies.

*The Suffolk District Medical Society.*—(Reported by the Secretary, J. B. ALLEY, M.D.) The Society held its regular monthly meeting for Medical Improvement, on Saturday, April 28th, 1855.

Dr. BOWDITCH exhibited a specimen of blighted ovum. The cord and umbilical vessels appeared very distinct.

Dr. JACKSON remarked that the specimen was an interesting one, particularly from the frequency of such cases, and the very slight allusions which are made to them in obstetrical works. These blighted ova are often retained beyond the usual term of pregnancy. In this case, the ovum was supposed to be three months old, not larger than a hen's egg. The embryo is not larger than at six weeks. The ovum is in a diseased state, and contains much blood, probably effused at a former time, and constituting what is called apoplexy of the placenta. These cases are also interesting from the degree of suffering which they give rise to. It seems probable that these changes generally occur at the eighth week, a frequent period of abortion, but often the mass is retained for a long time, and is then thrown off



with much pain. The mass sometimes appears disorganized; but, upon careful dissection, the embryo and the cord may be detected. The dissection should be made under water.

Dr. WATSON reported a case in which he had recently vaccinated a woman and her child. The vaccination took well in both, but in ten days the woman was seized with severe pain in the back, and in the course of three days the genuine eruption of smallpox appeared, distinct on the body, confluent upon the face. In the above-mentioned cases, the vaccine vesicles in both mother and child were round, dipping, and well filled with a transparent fluid.

Dr. MINOR called the attention of the members to a new preparation of manganese and iron, which he had made use of in some recent cases with much success. It consists of the saccharated carbonates of iron and manganese, and is well adapted to all cases where the preparations of iron are indicated. The advantages of this combination are its small bulk, and the fact that it does not constipate the bowels, as some preparations of iron are apt to do. The dose is five to thirty grs. This preparation was first recommended to the profession by Dr. Speer, of Edinburgh, from whose account of its effects, in an English Journal, Dr. M. obtained the formula.

Dr. JACKSON remarked that he had used the preparation of manganese without the iron, but thought that a combination of the two articles might prove more efficacious.

Dr. AYER reported the following case of erysipelas. The patient, a married woman, scrofulous, of a tuberculous family, was seized with swelling of the glands of the neck, accompanied by pain, fever and tenderness. In the course of four or five days the swelling increased, and a redness appeared which extended towards the eye, and assumed a decided erysipelatous aspect. There was also tumefaction and hardness. The treatment adopted was the exhibition of quinine. The interesting point in the case is that the swelling of the glands, which appeared almost ready to suppurate, subsided as the erysipelas manifested itself.

Dr. BOWDITCH reported the following case. The patient, a man æt. 50, was suddenly seized with a severe pain in the ball of the great toe, with much swelling and tenderness. Dr. B. saw the patient about two hours afterwards, and found him suffering extremely. The suddenness of the attack led Dr. B. to suspect that it might be an attack of gout. In two days a purulent deposit appeared underneath the thickened skin over the toe-joint, which opened spontaneously. The pain extended up the limb, and about the eighth or tenth day the discharge diminished. Dr. Hayward enlarged the opening, and for a few days there was a slight discharge. Gradually this subsided, and the aperture closed. The whole disease seemed to centre in the ball of the great toe, which was swollen, red and shining, and presented the appearance of a deep-seated abscess. On the fifteenth day an exploratory trocar was introduced, but no pus was discovered. A few days afterwards, the pain and swelling having increased, the patient was etherized, and an incision made on the outside of the first joint of the great toe. No pus followed, and the bone was not found to be denuded. The following day a decided purulent discharge occurred, and the toe now remains about twice the size of the other. Dr. B. inquired if any one could give him an idea of the diagnosis.

Dr. CABOT asked if the periosteum had been entirely divided?

Dr. B. replied that he thought it had.

Dr. MINOR inquired if the urine had been examined?

Dr. B. replied that it had not been, chemically, but that there had been no deposit, and only once a slight cloudiness had been observed.

Dr. HALL read the following statistics of successful operations for tracheotomy:—

Malgaigne, in his lectures of 1853 and 1854, gave Trousseau's statement, made in 1843, of the result of tracheotomy—

Trousseau operated	117 times,	cured	28
Bretonneau, “	28 “	“	6
Guersent, “	27 “	“	12
Velpeau, “	6 “	“	00
Roux, “	6 “	“	00

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46—1-4th.

M. Guersent said, in his lectures of 1853 and 1854, that he had not been so fortunate in his operations since 1850.

In that year he operated in Hospital	20 times,	cures,	6
1851,	31 “	“	12
1852,	59 “	“	11
1853,	61 “	“	7

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36—about 1-5th.

During this time he operated out of the Hospital 87 times, and cured 16—about 1-5th. M. Bouchut, in his book upon children, gives his own experience and that of some others, upon 198 operations, saving 57—between 1-3d and 1-4th.

### Bibliographical Notices.

*A Practical Treatise on the Diseases, Injuries and Malformations of the Urinary Bladder, the Prostate Gland and the Urethra.* By S. D. GROSS, M.D., Professor of Surgery in the University of Louisville, etc. Second edition, revised and much enlarged. Philadelphia: Blanchard & Lea: 1855. Svo. pp. 925.

On the appearance of the first edition of this work, the leading English medical review predicted that it would have a “permanent place in the literature of surgery, worthy to rank with the best works of the present age.” This prediction has been amply fulfilled. Dr. Gross's Treatise has been found to supply completely the want which has been felt ever since the elevation of surgery to the rank of a science, of a good practical treatise on the diseases of the bladder and its accessory organs. Philosophical in its design, methodical in its arrangement, ample and sound in its practical details, it may in truth be said to leave scarcely any thing to be desired on so important a subject, and with the additions and modifications resulting from future discoveries and improvements, it will probably remain one of the most valuable works on this subject so long as the science of medicine shall exist.

Our space will not allow of an extended analysis of the work, and this is the less necessary, as it is already widely known and appreciated. The book commences with a description of the anatomy of the perineum, of the bladder, of the prostate gland, and of the urethra, and the nature and composition of the urine. The diseases of the urinary organs next follow, which are divided into those of the bladder, of the prostate gland and of



the urethra, and include malformations and injuries. These are treated in the most thorough manner, the author giving, in addition to his own extensive experience, that of every author of any value who has written on the subject. The text is abundantly illustrated with well executed engravings, representing the anatomy and morbid appearances of the parts, and the various instruments used in the treatment of these diseases.

We wish we had room for extracts from Dr. Gross's work, but we must confine ourselves to the following, as a specimen of the philosophical mind of the author.

"The question as to the impermeableness of stricture, so important in a practical point of view, can be decided only by an appeal to individual experience, not by angry discussion, which is generally, in matters of this kind, as disreputable to those engaged in it as it is injurious to the true interests of science. Observation, which is every thing here, must be the sole and exclusive arbiter in the case; controversy can do no good; and misrepresentation must do harm. When Mr. Syme, concerning whose views upon this subject so much has of late been said and written, and that, too, in no very smooth and measured tone, declares that he has never met with an impermeable stricture, are we not obliged, by all the rules of courtesy and good-breeding, to believe him? We have no right to doubt his word, or to impugn his motives. His position as a teacher and author, his age, his experience, and his acknowledged skill as an operator, all pre-eminently entitle him to this consideration. To discredit the statements of such a man is to cast an imputation upon the whole fraternity. The question is one, I repeat it, solely of individual experience, of individual skill. It cannot be denied that one man is more adroit in the exercise of his profession than another. We often see proofs of this in the most simple, as well as in the most difficult operations. The introduction of the catheter affords a familiar illustration. It is no vain boasting when I declare that I have frequently succeeded with it after others had signally failed. Now, the same thing is true in regard to stricture. Cases continually arise where one surgeon is completely foiled in his endeavors to pass an instrument, in which another, perhaps a little more dexterous, patient, and experienced, readily succeeds. Skill, like knowledge, is relative. It is not possessed in an equal degree by all practitioners. Those who enjoy it in the greatest perfection often perform exploits which, to ordinary men, appear insurmountable. If Mr. Syme can do what no one else has done, is it hence to be inferred that he asserts what is not true? Such a conclusion, to say the least, would not be very philosophical. Let us rather conclude that surgery, like the army, has its generals, and that God has not endowed all practitioners of the healing art with the same mental capacity and manual dexterity."

The present edition is enlarged by upwards of two hundred pages, and by seventy-eight illustrations. Among the former is an Appendix containing an elaborate article on the prevalence of "Calculus Disorders in the United States and Canada," constituting, it is believed, the first attempt that has ever been made to systematize our information upon that subject. These additions render the work still more worthy of the high place it holds in medical literature. For sale in Boston by Ticknor & Co.

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*Thirty-first Annual Report of the Officers of the Retreat for the Insane at Hartford, Conn. April, 1855*

This establishment, under the Superintendence of John S. Butler, M D., had under treatment during the past year 355 patients, and discharged 162, of whom 73 recovered, 23 were much improved, 15 improved, 34 not improved, and 17 died. A new "Lodge," capable of accommodating eight patients, has been built, and is destined, we presume, for such females as are obliged to be confined to their apartments. This building is thoroughly ventilated, and each room is provided with a close-stool, so arranged that

none of the foul air escapes into the chamber. The "Report of the Medical Visitors" speaks favorably of the condition of the Institution.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 7, 1855.

### REMUNERATION FOR INJURIES BY ACCIDENTS UPON RAILROADS.

UNFORTUNATELY there has been frequent occasion for the presentation of this subject to the public; within the last two or three years, more especially, the lack of stringent regulations or the disregard of these by reckless or incompetent officials, together with the hot haste so characteristic of our people, have been the means of sacrificing many valuable lives and often depriving helpless and afflicted families of their only stay and support.

Legislative action has been appealed to, and requisitions imposed, which it is to be hoped will diminish the number of such wholesale murders; but it is wonderful how soon the horror at these too common occurrences fades from recollection. There are many from whose memory it can never pass away; many to whom the shrill whistle of the steam-escape is a knell—calling to mind that after one such shriek, two years ago, a whole rail-way train plunged with its precious living freight into a watery gulph, and those who escaped did so only by the interposition of Providence.

This is hardly the place to say how greatly exposed travellers still are, notwithstanding such warnings, to loss of life or limb when they commit themselves to the conveyances whose safe management should be guaranteed to them; but we may be excused for a few words upon this topic. Not only have managers and employees been blameable for accidents upon our rivers and railways, but it has been often and fully proved that passengers themselves have incited or prolonged the race and instigated the risk upon the track. If a conductor or an engine-driver, knowing his watch to be, two or three minutes only, fast or slow, still ventures to "guess" that he can reach a given point before the arrival of a train which is due at a certain moment, and, by his *guessing*, brings about a collision attended by great loss of life, he should be made as amenable to the law which punishes manslaughter as any one else who commits that act. Yet, if it happen that the other train is avoided, even by an hair-breadth distance, the official, under whom the danger is thus criminally incurred and barely escaped from, is made at once quite a hero, and clapped on the shoulder with a *bravo* for the performance of the feat! Must we travel at the mercy of such experimenters? Surely they who, by approval or open urging, become participators in the crime, should suffer equal penalties.

We wish more particularly to call attention to the discrepancy of the remuneration afforded to two classes of sufferers. It often happens that, from motives of natural sensibility and delicacy, the relatives of those who are killed refuse to institute suits against the Corporations by the carelessness of whose servants their friends have been taken from them. It is a sad thing to handle the money which is to them the price of blood! A father, perhaps, has been cut down in the prime of life in this awful manner—they depended in great part, or wholly, it may be, upon his exertions for support—it is taken from them in a moment! None can restore it. Shall there be no amends made? Why yes—the Corporation is willing to "*allow*" (that is the term which replies to the destruction caused by its offi-



cials), say, the sum of five thousand dollars;—its interest is \$300,—or by management, possibly a little more may be gleaned from it—and this is the *remuneration* for the loss of the right hand whose labors fed wife and children, and aided others too! Does the word remuneration apply here? We set aside everything but the mere figures; we do not bring into the account the *incalculable* loss sustained—but we wish to know if any body of men, who are made liable in this way for damages, consider such sums as *remuneration*?

On the other hand, when life is mercifully spared, and the injured person prosecutes for damages, we find that juries, in nearly every case, fix the sum to be paid at a higher rate than the Company would offer to the friends of the dead. Where is the justice of this, except in instances where the individual has been crippled for life? Certainly if he have so far recovered as that he can resume his usual occupation, there is no *more* reason (we think much *less*) that he receive a larger sum than those who have lost the whole means of support.

A verdict has lately been rendered in a case which offers an illustration of this point, and our remarks have been prompted by this example, in connection with that calamity which bereft our profession of several honored and eminent members. A physician who was in the train when it was hurled into the river at Norwalk, and who, by reason of the injuries received and subsequent illness, cannot practise his profession so actively as before, has just been awarded \$16,000 as damages to be paid by the Railroad Corporation. We have not one word to say against this verdict—we consider it a righteous one, if sufficient proof has been rendered of serious harm done, and that the power for exertion is greatly diminished. But there are other cases, harder than this, where the same inexcusable recklessness took the husband and the father at once away from responsible duties and invaluable professional labors;—the hand that provided was stricken down forever—and, to make good the want thus forced upon many a dependent family, five thousand dollars is “allowed”! So it turns out less expensive to kill a man outright, than only to injure him more or less extensively. By this rule, Corporations are fortunate *in proportion to the number killed*; the greater the slaughter, the less their pecuniary loss. Conclusions of this nature are rarely arrived at in other matters.

There are but few who would be willing, when thus bereaved, to encounter the publicity of a court of adjudication; and so, often, those who have lost the most, get the least restitution.

What then, it may be asked, would you have done? Shall every family from which its right arm of strength is taken, receive from the Company who incur the responsibility so large a sum as sixteen or twenty thousand dollars? Yes, say we—this is but paltry and partial reparation—it can never merit the title of a *return*! You cannot, by gold, to an untold amount, *remunerate* them; you are bound to supply the wants fully answered by the head of the family whose life has been taken away. The amount is heavy, we are told; so is the incurred debt: if the payment of damages, fully as great, were judicially enforced, we should find the list of “accidents,” so termed by courtesy, wonderfully shortened.

Never, until more decided measures are taken, will there be *real* safety for those who travel. The only effectual way to induce strict supervision among the higher, and prompt obedience from the lower, officials of Companies incorporated for the purpose of transporting people, at high rates of speed especially,—is to make every accident, traceable in the slightest de-

gree to negligence or rashness, punishable by very high fines, if not in severer modes. The *pocket* is the only appeal which has ever been particularly felt.

In conclusion, we cannot but again call attention to the disproportion of paying \$16,000 or \$20,000 for injuries—the life being preserved; while \$5,000, only, is offered for killing a man! While the jury's verdict is just, the Company's appropriation is pitiful. Do Directors say, if we allow such sums to the relatives of those killed, we shall soon be bankrupt? You ought to be, we reply, if occurrences of this nature do not, of themselves, cause all carelessness and every risk to disappear from the men and machinery under your orders and inspection. The more persons destroyed, the heavier should be the damages recovered.\* If ignorance and incompetence in the men employed be the cause of such dreadful disasters, pay more to others who are fit for their duties—it will prove a gain to you in the end, and the safety of others will be secured.

Many, as we have intimated, will never ask, in their bitter grief, for any material aid; if sympathizing friends exert themselves in their behalf, it is well; they will, perhaps, after a while, get the benefit of the usual appropriation: but it costs them no slight struggle to receive this—the food thus provided must be a choking morsel—let no *delay* make it still more unpalatable.

Shall we ever have any better security than printed codes of regulations for public conveyances? Will there ever be that thorough executive enforcement which alone can give them vitality and application? Every one knows that, hitherto, they have been but very partially regarded. If “guessing” upon railways is dangerous and should be met by the severest measures, the valuation of the dead comparatively with the living, above referred to, is alike absurd and unjust.

#### CONVENTION OF SUPERINTENDENTS OF LUNATIC ASYLUMS.

THE Association of Medical Superintendents of American Institutions for the Insane, commenced its tenth annual session on Tuesday, May 22, in this city.

They met in the Senate Chamber, which had been tendered them by the suggestion of the Hon. Charles H. Stedman, M.D., a past member of the Association. Twenty-five public and private institutions were represented—among them those of Canada, Missouri and North Carolina.

Dr. Luther V. Bell, of the McLean Asylum, resigned the office of President, and Dr. Isaac Ray, of the Butler Hospital, was elected President; Dr. Thomas S. Kirkbride, of the Pennsylvania Hospital, Vice President, and Dr. Charles H. Nichols, of the Government Hospital at Washington, Secretary.

On Wednesday, by invitation of our worthy Mayor, they assembled in the Common Council Chamber, at the City Hall, and continued to meet there until Friday evening, when they adjourned to meet at Cincinnati in May, 1856.

During the session Dr. Kirkbride read an interesting paper upon “Bloody Tumors of the Ear among the Insane,” which gave rise to a full and instructive discussion. Dr. Ray read an elaborate paper upon the insanity of George III. This paper was remarkable for historical research, and valua-

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\* We have just been informed that in certain States, Connecticut among others, since the catastrophe at Norwalk, the penalty has been fixed at \$10,000. This is an *approach* to a truer estimate of the value of life. We hope that the example will be followed and the amount increased.



ble for the information it contained upon a subject, of which, for state and other reasons, so little has hitherto been known. It is calculated, we understand, to make a sensation in medical and political circles, on both sides of the Atlantic. By vote of the Association, it is to be published.

Dr. Bell presented a second paper upon "Spiritual Phenomena." After stating certain facts which had come under his personal observation, such as the moving of tables through a space of fifty feet and the production of rappings, without the aid of machinery or human contact; and the prompt rendering of correct answers to questions, put audibly or mentally, of which no one present but himself could have known any thing; and, further, that in every instance, where the true answer was not known to some person in the circle, he failed to obtain a satisfactory response, he concluded by declaring his entire disbelief in their connection with spirits and the spirit world, but thought they were rather another form of mesmerism, and pointed to the idea of the *duality* of the brain. In the discussion which ensued, there was a general expression of thanks for the moral courage of the author in venturing to grapple with the subject, and of conviction that, should his views be generally adopted, "the rappings" would be shorn of their tendency to evil.

Papers were also read and full discussions had upon "Periodical Insanity," "Farms connected with Hospitals for the Insane," "The influence of the recumbent posture in sickness and health," "The construction of apartments for violent patients," "The use of restraint, and the best forms thereof," "Etherization in the treatment of insanity," and various other subjects connected with this specialty. The session was an interesting one, giving evidence that the knowledge of insanity and its treatment is progressive, and that this Association is doing very much, in its quiet and unobtrusive way, to advance the interests of the insane.

During the session, the hospitalities of the city, of various public and private institutions, and of many distinguished citizens were tendered to the Association. And we are happy to know that the members thereof bore away with them, to their several homes, pleasant impressions of Boston, her institutions, and her citizens.

Dr. Beale, the Philadelphia dentist, is lying seriously ill at the county prison, in Philadelphia.

#### NOTICES.

*Communication Received.*—Spontaneous Cure of Abdominal Tumor.

*Books and Pamphlets.*—Medical Lexicon of Modern Terminology, by D. Meredith Reese, M.D. LL.D. Third edition: 1855. (From Burnham & Brothers.)—Statistics of Injuries of the Heart, by Samuel S. Purple, M.D. (From the Author.)—Thirty-eighth Annual Report on the State of the Asylums for the Relief of Persons deprived of their Reason: 1855. (From Joshua H. Worthington, M.D.)

We shall publish in our next a communication respecting the last illness and *post mortem* appearances in the case of the late Dr. Chickering, of Jamaica Plain.

DIED,—At Jamaica Plain, 29th ult., Jesse Chickering, M.D., aged 57 years.—In Medford, suddenly, Dr. Alfred B. Stone, 25.

*Deaths in Boston* for the week ending Saturday noon, June 2, 73. Males, 41—females, 32. Accident, 2—apoplexy, 1—inflammation of the bowels, 1—inflammation of the bladder, 1—inflammation of the brain, 2—congestion of the brain, 1—disease of the brain, 1—consumption, 15—convulsions, 1—croup, 3—diarrhœa, 2—dropsy, 3—dropsy in the head, 2—drowned, 1—infantile diseases, 4—puerperal, 1—erysipelas, 3—typhoid fever, 5—scarlet fever, 1—gravel, 1—disease of the heart, 1—homicide, 1—intemperance, 3—marasmus, 2—smallpox, 7—teething, 3—unknown, 2—varioid, 1—varix lymphaticus, 1—worms, 1.

Under 5 years, 26—between 5 and 20 years, 3—between 20 and 40 years, 29—between 40 and 60 years, 13—above 60 years, 2. Born in the United States, 48—Ireland, 17—Scotland 1—British Provinces, 4—Germany, 2—Unknown, 1.

"*Proposal of a New Uterine Tent.*"—A paper on this subject was read before the Medico-Chirurgical Society of Edinburgh, May 2d, 1855, by HORATIO R. STORER, M.D., of Boston.

The American Slippery Elm, the *ulmus fulva* of Michaux, grows in great abundance throughout the northern and north-western States. The bark, when of good quality, is perfectly loaded with mucilage, which it readily parts with to water, and as a demulcent is much used by our trans-Atlantic neighbors in dysentery, diarrhœa, and diseases of the throat and urinary organs. As an external emollient it is also very useful, the bark or its powder being formed into a poultice with hot water. So long ago as 1837, in a paper entitled 'Elm-bark Surgery,' Dr. Macdowall, of Virginia, had drawn the attention of the profession to the application of the bark to the manufacture of surgical instruments, as bougies, catheters, tents in fistulæ, etc. etc.; frankly, however, stating a danger attendant on the use of such instruments, when seasoned and in a dry state—namely, their liability to break from their brittleness. Such an accident, occurring in the urethra or bladder, would be very troublesome; and the fear of such occurring, prevented the general use of the bark for such purposes, though Dr. Macdowall's paper received due notice in the British and Foreign Medical Review for July, 1838. This objection to its use in the formation of catheters was, in Dr. Storer's opinion, fatal, and as yet had not been surmounted. Dr. Storer, however, proposed to use it as a tent, either for opening up the os uteri, or for preserving the patency of the cervical canal. By bruising the bark, an abundant supply of fibrous tissue was obtained, of great flexibility and toughness, and admitting of being moulded into any shape or size. The tent, with a little glazing, was complete. Not only on the score of cheapness did it compete successfully with the sponge-tent, but, from the important property which the bark possessed of freely parting with its mucilage, it applied a bland lubricating fluid to textures which were often from disease destitute of any such protection, and which resented the contact of such an irritating substance as sponge. Again, the expansion of these tents, though not so speedy as that of sponge, was not so annoying: it was entirely lateral, and not productive of any recoil. Specimens of the tents and of the bark were handed round.

Dr. Priestley had used the tents, and could speak favorably of them. He had no reason to complain of their brittleness; they had been generally expelled as a mass of mucilage. He had stated to Dr. Storer that tents of this material would be more useful in cases of mechanical dysmenorrhœa, where there was great contraction of the cervix.

Dr. Matthews Duncan was inclined to think very favorably of elm-bark tents. He only feared that their power of expansion was not great; and he should like to hear from Dr. Storer if he had made any experiments upon the subject. This expansion, however, was of little importance in the class of cases—viz., of mechanical dysmenorrhœa—in which Dr. Priestley had suggested their employment, as a great dilating power was not required, but merely some innocuous substance, sufficiently coherent to maintain a free channel of exit, and by its presence to induce enlargement of the canal by vital dilatation.

Dr. Douglas MacLagan said that the bark was well known to him. From the specimens before the Society, he doubted whether the substance, in the form of uterine bougies or tents, could be obtained of sufficient strength to admit of forcible insertion into a tight stricture.

Dr. Storer stated that the bark expanded to five or six times its size. He was still engaged in experimenting on the subject.

The President thanked Dr. Storer, in the name of the Society, for his very interesting communication, and expressed his opinion that the introduction into common use of a mild demulcent, which would sit light upon the stomach, would be attended with great benefit in the treatment of disease; and such a desideratum he hoped might be supplied by the bark of the slippery elm.—*London Association Medical Journal.*

The Woman's Hospital in New York has been opened at No. 83 Madison Avenue, for the reception of patients, and Dr. J. Marion Sims has sufficiently recovered his health to engage in the medical and surgical department of this charity.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 19.

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## PUS IN THE URINE.

[Communicated for the Boston Medical and Surgical Journal.]

THE presence of pus in the urine is of not unfrequent occurrence, and must generally be considered as a symptom of grave importance. The difficulties which so often attend the establishing of a correct diagnosis of its source, are too well known to the practitioner. And yet, without this, we can neither expect to render our patient any real service, nor ourselves any satisfaction.

I propose to offer a few practical suggestions, first, upon the general appearances which pus in the urine presents, and upon the means of detecting it; secondly, upon the means we possess of arriving at a knowledge of its source.

Urine which contains pus to any considerable amount, sufficient, for example, to form even a slight deposit, exhibits a certain degree of cloudiness, from the moment when it is passed. This fact will serve to distinguish it from urine containing urate of ammonia, a deposit of which resembles very much a deposit of pus. Urine containing urate of ammonia is generally bright and clear at the moment of micturition, and only becomes turbid on cooling. Purulent urine, after standing some time, throws down a deposit, the supernatant fluid being more or less clear according to circumstances, depending upon the length of time during which it has been left in repose, and upon the amount of pus present.

This deposit varies in its aspect. It may be uniform, of a pale yellowish-white color, of creamy consistence, a little shaggy on the surface, varying in thickness according to the amount, and easily diffused through the urine by slight agitation. This is the most common form of the purulent deposit, and if we submit it to a microscopic examination, we shall find an abundance of pus-corpuscles, with few or no other ingredients. The urine will be found to have an acid re-action.

Or, the deposit being of the same yellowish-white color, and the urine *acid*, we shall find it mixed with more or less mucus, rendering it slightly tenacious and somewhat slimy, and under the microscope we shall discover the pus-corpuscles adhering together.

Again, the deposit may be of a thick, viscid, ropy consistence,

resembling what is termed glairy mucus—the urine being *alkaline*. This peculiar appearance is brought about by the decomposition of the pus, which acts upon the urine, rendering it alkaline, and this alkaline condition of the urine in turn re-acts upon the deposit, giving it the character just described. The same effect may be artificially produced by the addition of an alkali, liquor potassæ, for example, to a purulent deposit. This decomposition of a purulent deposit takes place after it has been suffered to stand for some time. Recent observations have shown, that what has been considered as a deposit of glairy mucus, is but this decomposed pus, “and that mucus never assumes this particular form of a ropy sediment, which sinks to the bottom of the vessel; nor does it ever exist in the urine in such quantity as we frequently find this altered pus.”—(Todd.)

I have remarked that purulent urine exhibited a certain degree of cloudiness from the moment of micturition, but this peculiarity, it must be remembered, may be also exhibited under other circumstances. Urine containing an excess of phosphates is not unfrequently cloudy when first passed, and even when clear at the time of micturition, after standing throws down a deposit much resembling one of pus. Yet, on closer examination, it will be found more flocculent and much lighter than pus, and of a whiter color. Phosphatic urine is almost always alkaline. The addition of an acid to phosphatic urine, instead of coagulating it, as is the case with that containing pus, renders it clear. These are expeditious and reliable means of distinguishing the two.

A few words upon the coagulation which takes place in purulent urine on the application of heat and nitric acid. This coagulation is due to the albumen contained in the fluid, the *liquor puris*, in which the pus-corpuscles float, and the amount of coagulation is in direct proportion to the amount of pus present. This fact, viz., that purulent urine is always albuminous, should be borne in mind, since, no doubt, the coagulation produced by the re-agents just mentioned, when applied to urine containing pus, has too often led the inexperienced to suppose that the patient was necessarily suffering from Bright's disease.

Deposits of pus may be confounded with those of mucus—and yet, with moderate care, they may be easily distinguished. In the first place, mucus rarely forms a layer or stratum at the bottom of the vessel, as does pus, neither is it easily diffusible through the fluid by agitation. Secondly, the urine containing mucus is alkaline, whereas purulent urine is almost always acid—or when it is alkaline, owing to decomposition, the purulent deposit exhibits the glairy appearance of mucus, and is under those circumstances most liable to be mistaken for it. In such a case, we must have recourse to acetic acid, in which mucus is soluble, and to the microscope, under which we shall not fail to find more or less epithelium, “and the so-called mucous particles, in small number, which doubtless are incipient pus-corpuscles.” Thirdly, mucus does not contain



albumen in a state to be coagulated by heat or nitric acid. If these simple facts are kept in mind, there need be scarcely any difficulty in distinguishing these deposits.

Pus being present in the urine, we are anxious to discover its source, a point in almost all cases attended with more or less difficulty, and in some perfectly impracticable. Pus may come from any portion of the mucous membrane of the genito-urinary organs—or it may come from some adjoining abscess which has opened into the urinary passages.

Pus from the kidneys may be the result of inflammation of the tubuli and pelvis of the kidney (pyelitis), of suppurative nephritis, and of other renal affections. Without going into detail upon the diagnostic symptoms of these affections, we can only remark that in a majority of cases the local symptoms are sufficiently well-marked, and point to the kidneys as the parts implicated—in many cases, moreover, our diagnosis being confirmed by the discovery under the microscope of “tubular casts” mixed with the purulent deposit. One very essential point must be remembered, viz., that the urine flows from the kidneys into the bladder *acid*, therefore if the urine which contains pus is found to have an acid re-action, particularly after long standing, we may be quite sure that the morbid admixture comes from the kidneys, particularly if we have the symptoms of renal disease present, or else from some abscess external to the urinary apparatus.

Pus from the bladder is almost always the result of inflammation of its lining membrane, which, however, under such conditions, pours out a vitiated mucous secretion, which seems to bring about a speedy decomposition of the urine—and certain changes in the purulent deposit, such as I have already described. The urine enters the bladder from the kidney *acid*, and becomes mixed with the secretions of the inflamed membrane; if these are not very abundant, the acid re-action continues even after micturition, but on standing a short time decomposition takes place, and the re-action is alkaline. This change may take place within the bladder, as is well known in cases of paraplegia from injured spine, or where there is any mechanical obstruction to the free discharge of the urine.

Hence we may establish, as a general rule, that, when we find urine containing pus to be alkaline and to deposit ropy mucus, the bladder is the source; whereas pus in urine which has continued acid for many hours after standing, has come either from the kidneys or ureters, or from an abscess external to the urinary organs—a purulent discharge from the urethral canal being in most cases easily recognized.

The bursting of an abscess through the walls of the bladder, or into any other portion of the genito-urinary system, may be recognized by the sudden appearance of the matter in the urine, and by the history of the case.

Pus may also be the result of acute and chronic inflammation of

the prostate gland. When the pus flows back into the bladder, becoming mixed with the urine, it renders the diagnosis of its source in many cases very difficult. Still, we have the history, local symptoms, and the information gained by explorations of the urethra and rectum, to guide us. In addition, it will be found that when the prostate alone is the seat of disease, the urine will be *acid*, and will continue acid after standing many hours—the deposit of pus will take place also immediately after micturition, and will present all the physical appearances of this substance.

Pus from the urethra is generally easily recognized. In examining the urine of females, it must not be forgotten, that a purulent deposit may proceed from some uterine or vaginal difficulty. A neglect to bear this in mind has not unfrequently led to embarrassing mistakes.

In conclusion, a word upon the administration of alkalies in diseases of the bladder. Many authorities lay down as a rule—“If the urine is acid, give alkalies; if alkaline, give acids.” Now, in cases where the urine is passed alkaline, and where the bladder is inflamed, the urine undoubtedly entered the bladder acid, and therefore irritating to the inflamed membrane; hence we may explain the good effects derived from the administration of liquor potassæ, carbonate of soda, lime-water, &c., in changing the re-action of the secretion. Therefore we are not to be deterred from using alkaline remedies because the urine is alkaline, this condition depending upon decomposition, the result of the vitiated secretion thrown off by the mucous membrane of the bladder. On the contrary, the use of alkalies seems to have the power to lessen the morbid secretion and to aid most essentially in the restoration of the diseased organ.

Although cases will arise, where a correct diagnosis is impracticable, yet the few practical points which I have laid down will often aid us in obtaining that knowledge which is always essential.

*Boston, June, 1855.*

D. D. SLADE.

## MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO II.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

### *Pleuro-pneumonia.*

CATHARINE MOORE was admitted to the House of Industry Hospital on the 11th of February, 1850. She was found wandering upon Long wharf, late in the evening, in apparent distress, and unable to give any account of herself. She was carried to the Centre Watch-house, and thence to the House of Industry. No information but her name could be obtained from her. When admitted, by account of Dr. Shaw, who first saw her, she was cold



and almost pulseless. Got brandy and water, under the influence of which she rallied somewhat, but was insensible.

I first saw her on the 12th, at 6, P.M. There was perfect insensibility, and her whole muscular system was relaxed. No other indications of cerebral trouble than the insensibility. Breathing very short and rapid. Percussion of left chest dull; right, normal. Respiration very quiet everywhere, only occasional mucous sounds to be heard. Blood oozing from the vagina. External labia swollen and bruised. She died before morning. A blister had previously been applied to each back, and brandy and water was given as freely as possible. Foul play having been suspected, the coroner ordered an autopsy, which was made at 9½, A.M., Feb. 14th.

Rigor mortis sufficiently established. No external marks of violence. Labia externa a little bruised, but no swelling of labia interna.

Larynx not broken. Trachea and bronchi congested by arborescent vessels. Mucus in air-passages not excessive. Left chest contained about 3 viij. of turbid serum. Lobes of lung unusually adherent, and lower lobe to the diaphragm by recent lymph. Anterior surface of lung, covered with a very thick layer of soft yellow lymph; superior lobe by a thinner layer than the inferior. The posterior two thirds of upper lobe uniformly hepatized, dark red, mottled with grey, and friable. Anterior portion normal. There were in the upper lobe a few cretaceous masses.

Right lung contained a few quiescent tubercles at apex. Otherwise normal.

Heart, alimentary canal and kidneys normal. Spleen normal in size and consistence, of a dark violet color. The brain was not examined, for what reason I am not now able to say. The vagina normal, and containing no blood.

The uterus contained a clot of blood firmly coagulated. In the superior portion of the right ovary, a cyst of the size of a large pea, and a cyst filled with blood, being a recent ovisac. Fallopian tube normal.

The left ovary contained a smaller ovisac still partially filled with old blood, verging upon a yellowish color at the edges. The Fallopian tube thickened and adherent by its fimbriated extremity to the ovary. This tube contained in its walls a number of small granular-looking cysts, like that in the right ovary, containing a clear tenacious fluid. No spermatozoa detected in the vagina.

There was no other remarkable fact about the case, except that the coroner could never be induced to pay the fee.

#### *Traumatic Retention of Urine.*

J. D., aged 30, Irish, had been in the House of Industry more than a year. His general appearance that of a silly imbecile; his general odor intolerable. Is said to have amputated his penis close up to the pubes before entrance, and previous to the mutilation is reported to have been sane and intelligent.

February 6th, 1850, he was admitted to the male hospital, for retention of urine, which took place the night previous.

10½, A.M., is in intense pain, groaning and crying quite loudly. His urine always dribbles away from him, keeping him quite filthy. Opening into the urethra so small that the stilet of a catheter could not enter it. Does not know when he had a dejection. Has had an enema and a warm bath, without effect upon rectum or bladder. His bladder is somewhat distended. Scrotum œdematous. No enlargement of prostate. Passed an exploring needle and canula in the supposed course of the urethra without effecting anything, and failed, by incision, to reach the urethra behind the scrotum. 6, P.M.—Has been left till this time in hopes the distension of the bladder might cause urethra to show itself. Lies on his back with his feet drawn up. Has had a turpentine enema, and followed by two dejections. 8, P.M.—Dr. Samuel Parkman saw him. By his advice I cut down in the incision of the morning till the urethra was reached, and emptied the bladder. Passed a catheter forwards to the cicatrix and cut through to it. After this a gum-elastic catheter was passed through his stump into the bladder. The wound in the perineum was dressed with lint and cold water.

7th.—Very comfortable. Has removed the catheter himself. Urine passes quite freely through the opening at the termination of his stump, and none at the wound behind the scrotum. Re-placed catheter.

8th and 9th.—Doing well.

10th.—Profuse purulent secretion from urethra. All his urine passes by catheter. Scrotum very red, enlarged and œdematous.

11th.—Continues same.

12th.—Sloughing of lower part of scrotum has taken place to the extent of about a square inch. Passes his urine by urethra. Catheter has been removed on account of pain.

15th.—Slough separated. Can retain his urine partially.

17th.—Can retain his urine quite well. Passes bougie daily.

23d.—Bougie has been omitted for two days, and is this A.M. passed with difficulty. The wound and the ulcer below the scrotum look well.

March 6th.—Can retain from ʒ iv. to ʒvj. of urine. Passes bougie himself. Wound healed.

16th.—Up and dressed. Passes bougie daily himself. Retained ʒ viij. of urine this A.M.

25th.—Discharged well, able to retain his urine, and free from his idiotic appearance and manner.



## CASE OF POLYPUS NASI

BY CHARLES BELL, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

I TRANSCRIBE from my memorandum of cases, one of polypus nasi, which may be a matter of some interest to the readers of the Journal.

About the first of April I saw the daughter of Mrs. P., æt. 3 years, who complained, and had done so for three months, of a sense of stuffing in the left nostril, which was also impervious to air. The child complained, in addition, of symptoms resembling cold in the head; such as pain, heaviness, disposition to toss the head about, &c. &c. There issued from the nares, particularly the affected side, a copious fetid sanies; sometimes, however, the discharge consisted of a limpid aqueous fluid in such quantity as to indicate hydatids. Some months before she began to complain, Mrs. P. supposed the child had put a foreign body in the nostril, though she was not positive about its having been inserted or extracted. I could not, therefore, rely upon this, and could only conjecture that a foreign body might be present because of the imperviousness of the cavity, and the existence of a pseudo-purulent discharge. Also from the temperament of the child, and a dyscrasia tending a little to strumous disease, I was somewhat apprehensive that a polypous growth, as an idiopathic affection, might have imparted such a sensation to the pituitary membrane, as to cause the child to thrust up frequently its finger, and perhaps, also, a foreign body. At an examination, using a blunt-pointed probe, boulettes of lint, and a pair of common artery forceps as speculum nasi, and afterwards a cylinder of thin glass lubricated with oil, I discovered at first nothing but a mixture of inspissated mucus, pus and sanies. I prescribed cathartics, with zinci sulphas and sodæ chloridum, one part of the latter to eight of water, as injections to be used once or twice a-day, expecting nothing from these but the cleansing of the parts and possibly the exposure of what was the *prima causa morbi*. In a short time under this treatment the patient improved considerably, although the slightest irritation from the small syringe would cause hemorrhage, and with such facility that I began to suspect the existence of fungus hæmatodes. I may mention here, however, that in a letter from Dr. Mott, he informs me that he has never seen *malignant* polypus in a child younger than 10 years. On examining the fossa again, I was able to discern low down, and posteriorly, a fungoid pedunculated polypus of the size of a large pea. Superiorly, also, high up about the ethmoid bone, the convolutions of the membrane were covered with an abundance of puriform secretion. Situated over the most inferior of the spongy bones was another of these polypous excrescences, the largest of the number, and also pedunculated as I found by the passage of a probe. Externally toward the vomer, as also in the depending portion, this tumor presented a white

color, and a striated appearance, resembling very much the corpora striata of the brain, but more firm and fibrous.

I prepared to treat this case by *arrachement* or extraction, but the method being objected to, cauterization with lunar caustic was substituted—applying it by means of a porte-caustique through the glass canula once in 48 hours. The effect of this was to destroy a portion of the mass at every application, and the slough would be ready to come away at the succeeding use of the caustic. I proceeded in this manner for a few weeks, using every night the sodæ chloridum injection, till at length I exposed a foreign body in the inferior meatus, some portion of which rested on the floor of the fossa. I extracted a substance which had the appearance of a membrane, one fourth of a line in thickness, about eighteen square, and somewhat folded upon itself. I was unable to designate this substance, though I placed it under a microscope of moderate power.

There was improvement in this case from the beginning of the treatment, but which was more marked after the extraction of the substance which I mention. I have continued the caustic and injection for a week or two since, applying the former in powder upon the moistened end of a blunt-pointed cylinder as the disease receded, and the excrescences have almost disappeared from the cavity.

It would be a matter of some difficulty to determine in this case whether the substance mentioned above was any other than false membrane similar to what is exfoliated in some cases of pyorrhœa nasalis, or whether it was an extraneous body of another kind thrust up, and was causative of the fungoid polypi. Meckren (*Obs. Med.-Chir.*, chap. 14) speaks of a polypous excrescence containing within it a fragment of *wood*, which a child 3 years old had secretly thrust up its nose. The observations of others, also, go to show that extraneous substances and polypi may co-exist. The only question in this case is, which was primary.

*Nantucket, May, 1855.*

#### ON THE USE OF COCOA-NUT OIL IN PULMONARY CONSUMPTION, AS A SUBSTITUTE FOR COD-LIVER OIL.

BY J. H. WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING my attention called to this article by reading Dr. T. Thompson's work on pulmonary consumption, and more recently seen it noticed in Braithwaite's Retrospect, I commenced giving it to a number of my patients in whom this fearful malady had made rapid advances. One of them was confined to her bed. There was a large cavity at the apex of the left lung. The right lung was also very much diseased; expectoration was very profuse, with a harassing cough, night sweats and diarrhœa. I gave her one



ounce of the oil three times a-day. The first week no perceptible benefit was noticed, except the patient gained a little strength. On continuing the oil the second week, she began to expectorate and cough much less, and the diarrhœa mostly subsided. Her countenance now looks better; she is still taking the oil, and continues to improve fast.

My second patient has symptoms very similar to those of the first case, except the cough is worse, with considerable bloating of the feet and legs. I am giving this one the oil combined with phosphate of iron and the infusion of peach leaves. Since she commenced with this preparation, she is improving very fast.

I have some others, who are taking the oil combined with phosphate of lime and the tincture of wild cherry, and all seem to be doing well. Of the above-named mixtures, I think that of the oil with phosphate of iron and infusion of peach leaves takes the preference of others, especially where there is a tendency to dropsy or chlorosis, and, besides, it makes a very palatable mixture. I usually give about a drachm three times a-day of this preparation. I am satisfied that upon further using the cocoa-nut oil it will do as much or more for the consumptive as the cod-liver oil, not only in phthisis, but in other diseases where the latter oil has proved beneficial, over which it takes the precedence, not only in being more palatable and agreeable, but it does not produce that nausea and unpleasant feeling that cod-liver oil does. It will, therefore, I think, eventually take the place of cod-liver oil in the treatment of pulmonary diseases.

25 Winter st., Boston, June, 1855.

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#### THE LAST ILLNESS AND POST-MORTEM EXAMINATION OF THE LATE DR. JESSE CHICKERING.

[Communicated for the Boston Medical and Surgical Journal.]

DR. C. had attendance from Thursday till the following Tuesday, 8 o'clock, P.M., when he died. On Thursday, May 24th, 4 o'clock, A.M., his family stated that he had overworked in his favorite pursuit (statistics) through the winter, and for two months had not appeared to have his usual strength and health. Just one week prior to Thursday, he had a violent chill while sitting in his parlor; said he must have taken cold, and from that time kept his room *excessively hot*. He told me he had sent early, because he had had an uncomfortable night, but was not much sick. He had some distress in the region of the stomach; but there was nothing uncommon in his symptoms, and he did not seem "much sick." He passed a comfortable day in bed, having a good relish for food and taking a fair share of it. Friday he seemed and declared himself *better*. Wanted plenty to eat. Saturday, said he had taken cold in the night, for he moved his muscles with difficulty, and felt "decidedly stiff." During the day his muscles became

more and more painful, and he moved in bed with great difficulty. On Sunday he had for the first time a quickened pulse and a feverish state, and said he had "at last brought up with genuine rheumatism." There was now manifest delirium, but every question was correctly answered. Some swelling with increase of pain appeared along the left thigh and on the left hand and arm, but no joints were invaded. On Monday his tongue was dry and brown, and all the symptoms of yesterday much aggravated. Drs. Homans and Harris report that he sank rapidly through Monday and Tuesday, without any particular modification of symptoms.

The diagnosis concurred in by all, was inflammation of the veins; but the post-mortem examination proved this incorrect.

*Jamaica Plain, May 31, 1855.*

*Post-mortem Examination*, by Dr. CHARLES D. HOMANS.—The vessels of membranes of brain were well filled with blood—in the substance the bloody points were more numerous than is generally the case.

The organs of thorax and abdomen were healthy.

The left thigh was considerably swollen, from just below Poupert's ligament to the knee; on incision, this was found to be owing to serous infiltration. The iliac and femoral veins were carefully examined, but appeared perfectly normal. A similar swelling existed in left arm, extending from neck of humerus to elbow, and on incision the tissues generally were found to be infiltrated with serum. On examining the axillary and brachial veins, they were found in a normal condition.

## Hospital Reports.

### MASSACHUSETTS GENERAL HOSPITAL.

*Case of Fracture of the Superior Maxilla, caused by a Fall of about ten feet from a Scaffolding.*—(Under the care of Dr. CLARK. Reported by L. M. SARGENT, House-surgeon.)—May 22d, 1½ o'clock, P.M., patient arrived, about half an hour after the accident. He walked into the Hospital from the carriage which brought him. Soon after his arrival there was shivering with faintness, and some symptoms of concussion. Pulse 64, not remarkable.

On examination, right nasal ala was found to be very irregularly torn up about half an inch, and forehead slightly contused. There was considerable ecchymosis about eyes, especially the right, and the nose was slightly out of a straight line, with the concavity on right side. The ossa nasi were apparently uninjured, but on taking the nose by the middle, close to the face, i. e., by nasal processes of superior maxilla, distinct crepitus was perceived, and a lateral motion, indicating an irregular and quite extensive fracture. While examining patient, he coughed, and rendered apparent a slight emphysema over forehead, indicating a still further extent of fracture. This crepitated upon pressure, and soon became unmistakeable. On examining



the interior of the mouth, the left half of the upper teeth moved to and fro (especially outward) with their alveolar process. The alveolar process on the right side, corresponding with the incisors, was quite moveable, but stationary further back. On inserting the thumbs into the mouth, and taking the superior maxillæ, one in each hand, they moved readily on one another, with a shuffling motion, as if separated at the symphysis. The inferior maxilla was apparently uninjured, excepting the loss of left lateral incisor.

Friction was applied to the surface, and a cloth wrung out in warm water to epigastrium. The edges of nasal cartilage were then brought into apposition, and united by suture, after which Barton's bandage was applied (part of it acting so as to compress the emphysema) and cold water dressing lightly over eyes and nose. Liquid farinaceous diet.

7½, P.M.—Patient groaning and tossing in bed, and almost constantly voiding blood and clots from the nose and mouth. Complains that he cannot breathe and is choking with blood. Much relieved by having nasal fossæ syringed with warm water. Opiate at bed-time.

May 23d.—Patient unable to sleep at all last night. Right eye entirely closed this morning. Ecchymosis extreme. Much swelling over right zygoma. Much pain, jactitation and howling nearly all day. Headache. Pulse 72, strong and full. Sol. magnes. sulph., ℥iv.

24th.—Patient still noisy and suffering, so much that he was removed to the Touro ward on account of his disturbing the other patients.

25th.—Right eye entirely open. Breath exceedingly offensive from decomposing blood in the cavities. Nostrils clogged with blood and mucus. Syringed with sol. sod. chlorid. and water.

29th.—Ecchymosis almost gone. Patient says he feels "weak and down-hearted." Relieved by broth.

30.—Swelling entirely gone on right side, and nearly so on left. Patient declares he feels no pain or soreness anywhere except in left cheek when it is handled.

31st.—Motion diminished, and patient progressing rapidly to recovery.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

MARCH 12th.—*Singular Hypertrophy in a colored Woman.*—Dr. W. E. TOWNSEND reported that he was called to see a colored woman last week, who was suffering from occasional faintness and constant shortness of breath. Found her to be of enormous size, and thinks she would weigh 350 pounds. She is 45 years of age; married for the past 21 years, during which time she has had 3 living children, and miscarried 10 times; the last time about two years since, when she reports that she nearly flowed to death. Her abdomen hangs in two pendulous masses as far down as to her knees; the lower part of it being hard and callous from constant friction against her thighs. It is also very heavy indeed, leading to the supposition that it might contain a tumor of greater solidity than mere fat. The functions of the body are well performed. The catamenia have been, till within a month, regular in access, and not excessive in amount. There is no obstruction to the passage of the urine, and although she is of a constipated habit, medicine operates upon her easily and well.

She can walk about her room, and has been down and up one flight of stairs within a week, though with difficulty. The following are accurate measurements of portions of her body.

	Ft.	In.
Circumference of neck - - - - -	1	6
" of arm - - - - -	1	10
" of calf of leg - - - - -	2	
" of waist - - - - -	4	5
" of abdomen, - - - - -	5	9
" of wrist - - - - -		7½

Width between patellæ, the thighs being brought together, 1 foot 3 inches.

There is no appearance of anasarca or ascites. She reports that she was born and has always lived in Boston, and that her father was a very large man.

MARCH 12th.—*Apoplexy.* Dr. COTTING, of Roxbury, Mass., Associate Member of the Society, reported the following case.

I. B., aged 70 years. Merchant, retired from business about five years. Was quite slender in youth; perfectly healthy and stout ever since, with exception of a bronchial irritation, which troubled him in winters and on taking cold, for five or six years past. Cough sometimes quite annoying, but never keeps him within doors. Two weeks since took a severe cold, but continued to go out as usual, and had nearly regained his ordinary health.

On Thursday (8th inst.), suffered pain in his stomach during afternoon and most of night. He, however, slept several hours. On the morning of the next day, the pains returned, when he took by advice one eighth grain of opium every half hour till relief, which was obtained after five pills. He was directed to take, and took on the following (Saturday) morning, an ounce of castor oil. On making the visit Saturday forenoon, Dr. C. found him in his parlor, declaring himself, and appearing, entirely free from disease or any suffering whatever. He was in good spirits, and followed me to the door on my taking leave. At about half past 7 of the same evening, he complained of a little nausea; and fearing a return of the pain, thought it prudent to retire, went up stairs, undressed himself, and went to bed. Dr. C. saw him at 8 o'clock. He was then in bed. He appeared perfectly rational, complained of a little nausea, and wished some directions for the night. His pulse was accelerated, his skin rather warmer than natural, and he was less inclined to talk than at other visits. He had had two dejections from the oil taken in the morning.

Soon after leaving him, and before the directions given were put in force, he was observed to have changed in appearance, to return incoherent answers, and finally to remain unmoved and unconscious. Visiting him at 10, P.M., he had the same symptoms in an aggravated degree; with a hot skin; a rapid, compressible, and failing pulse; his breathing labored and approaching to stertor; his eyes fixed, the pupils moderately dilated, and uninfluenced by light even when the candle was held as close as possible. The countenance and general aspect were that of approaching dissolution.

Ice was immediately applied to the head, and leeches, the bites of which continued to bleed freely through the night. Sinapisms were also put on the chest, nape of neck, and the extremities. As the pulse fell off repeatedly, and seemed for the time to have nearly or quite ceased, a mixture of a few grains of carbonate of ammonia in sweetened water were given as freely as his ability to swallow would allow. Swallowing was very difficult,



and possible only at intervals. He never rallied, even for a moment, and, sinking gradually, died on the afternoon of Sunday—nineteen hours from the time of the attack.

His father died of apoplexy, during convalescence from a slight illness of a pleuritic character. The father's death was very sudden, in less than an hour from the attack. His age was 63.

*Autopsy*, 26 hours after death.—*Brain*. Convolutions remarkably long and deep—some extending more than two inches from without inward—so that the mass of brain seemed to consist almost entirely of convolutions. There was a rather browner or more rusty look of the cerebral substance than usual. Rather more blood than usual oozed out as the sections were made, though not enough to cause any remark in an ordinary case. The whole substance of the brain was a very little softer, perhaps, than generally found. In the very centre, this softness was more marked, and the septum lucidum was quite soft, almost pulpy. There was no effusion into the ventricles.

*Heart*, large,  $1\frac{1}{2}$  times the normal size—full of liquid blood. Its walls were not thickened, and the whole organ rather flaccid. Valves perhaps a little thickened. The rest normal.

*Lungs*.—Some congestion; not remarkable, however, in lowest portions. Crepitation throughout. Lining membrane of bronchi somewhat reddened and thickened.

*Abdomen*.—Organs of this cavity normal.

Dr. Bethune asked if any portions of the brain had been examined by the microscope?—this instrument might reveal a diseased change when invisible to the naked eye. No such examination had been made.

MARCH 12th.—*Cancer of the Stomach*. Dr. WILLIAMS referred to a case which had been under his care during the last winter, as an instance of the difficulty of forming an accurate diagnosis of this disease in its earlier stages. The patient was a Frenchman, rather past middle age, first seen by Dr. W. in October whilst attending his wife for an attack of asthma. He complained that he had pains in the abdomen, but the symptoms were of a vague character and were attributed to disordered digestion from improper food and mental anxiety. In the early part of December these had become much aggravated, accompanied by almost constant nausea, frequent vomiting after eating, and great debility. His abdomen was carefully examined, with the expectation that evidence of malignant disease might be discovered. No tumor could at this time be detected. In the middle of December he became suddenly much worse, so that he was compelled to give up his long walk to and from his business, and obliged to remain most of the day in bed. The vomiting became more constant, and the pains, which till lately had been limited to no one portion of the abdomen, seemed now to radiate from the epigastric region. Another exploration discovered a nodulated tumor, firm to the touch, and evidently connected with some internal organ. He grew rapidly worse, the pain could scarcely be palliated by opiates, the tumor increased in size and communicated to the finger the pulsation of the aorta, and the efforts of vomiting were almost constant. Black grumous fluids were said by his wife to have been several times thrown up in very large quantity; but these were not seen by Dr. W. Before his death he became emaciated almost to a skeleton, was able to bear nothing but small lumps of ice, which he took to relieve his intense thirst, and suffered extreme pain. Death occurred in about four weeks from the time the tumor was first discovered. No post-mortem examination could be obtained.

MARCH 12th.—*Enlarged Prostate Gland, &c.* This very fine specimen was shown by Dr. J. B. S. JACKSON, having been sent to him by Dr. E. B. PEIRSON, of Salem. The enlargement affected uniformly the whole gland, but the passage through it was quite free; it was rather more than half as large as the fist; no appearance of a "third lobe," but "Guthrie's bar" was quite marked. The bladder was dilated, thickened and remarkably sacculated. Between this organ and the rectum there was an abscess in the cellular tissue that contained about two ounces of thick, yellowish and pure pus, but without any induration around it; the tissue being, as it were, infiltrated, and the cavity that contained the pus having nothing like a defined outline. Towards the rectum the large intestine was also sacculated, as it so often is when there is much fat about the part; i. e., small pouches were formed by a protrusion of the mucous, and a yielding of the muscular coat, as in the case of the bladder.

The patient was a distinguished professional gentleman, 75 years of age, and entered the Hospital on the first of February, under the care of Dr. Cabot. Ten years ago he first had retention of urine; and, being relieved by the catheter, he had no further trouble for some years; then he had a second attack, and in three years more a third, this last being worse. Since 1852 there has been great dysuria, with obstinate constipation, and a discharge of small quantities of blood from the bowels; this last sometimes prostrating him very much. Since last July the bowels had been relieved by enemata of cold water; but not the dysuria. Last November he had an attack of fever, with great pain at the neck of the bladder, and during micturition a severe scalding sensation. Reported on admission that when he passed urine he was obliged to have a discharge from the bowels.

From the 1st of February until the 16th, when he was discharged, he moved about more or less, and did not appear to suffer greatly from his prostatic disease; but much more from a general irritability, and from herpes zoster with which he happened to be afflicted. The catheter was passed regularly, and always with perfect ease, causing little or no pain, except for the first day or two. As bearing on the question of the existence of the abscess at this time, it should be stated that there was no pain in the perineum, so far as was known. Urine examined once by Dr. BACON, and found healthy. For a few days before he left the Hospital there was some inflammation of one epididymis, with discharge of pus from the urethra. After his return home he gradually failed, without the occurrence of any new symptoms, and died on the 4th of March.

Besides the disease above described, Dr. P. found the liver very pale, hard and granular, but of normal size; the other organs being healthy.

### **Bibliographical Notices.**

*The Pathology and Treatment of Leucorrhœa.* By W. TYLER SMITH, M.D., Member of the Royal College of Physicians; Physician-Accoucheur to St. Mary's Hospital; Lecturer on Midwifery, &c. &c. Philadelphia: Blanchard & Lea. Pp. 199. 1855.

We are gratified by the appearance of an American edition of this very valuable work, which has already received such high commendation in Europe and in this country. The well-merited reputation, both scholarly and practical, of its author, is, if possible, enhanced by this production,



which evinces so clear an insight into, and thorough examination of, his subject. A review of the work, by a physician of this city, fully competent for the undertaking, being already in preparation and promised for our pages, we refrain from any but the most cursory remarks at this time.

The opinions of the author will have great weight with practitioners. We observe upon page 196 some interesting and important observations relative to the exercise of the sexual function "during the treatment of cervical and vaginal leucorrhœa in the married." Dr. Smith says—"absolute separation should never be advised except for good and sufficient reasons. In leucorrhœa, intercourse should only be forbidden in the worst cases. This is one objection to the use of caustics in mild cases of leucorrhœa, because it is necessary to enjoin separation while they are employed. When intercourse causes considerable pain, excites bleeding, or where the os and cervix are secreting pus, it is out of the question, but its moderate use is quite compatible with the successful treatment of profuse mucous leucorrhœa. It may be questioned whether it does not relieve the uterus of states of congestion, which occur in the unmarried, and are probably a cause of leucorrhœa in single women, or in the married who live in separation from their husbands. In vaginal leucorrhœa, attended by epithelial abrasion, intercourse is almost always painful and injurious, and it is often attended by such a state of spasm of the ostium vaginæ as to render introition impossible."

In one or two cases of slight leucorrhœa lately under our care, we took occasion to ascertain the effect of sexual intercourse. The patients informed us that the discharge was nearly uniformly arrested for two or three days subsequently to connection, and if it did not disappear, it invariably diminished notably. Intercourse was moderate in these instances. It is important, and indeed essential, to observe the distinction between the classes of cases referred to by Dr. Smith.

We regard the author's practice with respect to vaginal examinations as an example worthy of universal imitation; the speculum is not plunged, at once, into the vagina, in unmarried persons, as too often is the case, without due trial by other means first. "With respect to unmarried women, I never make a physical examination unless ordinary means fail of curing the uterine disorder."—(p. 197.) The author prefers the bivalve speculum "for ordinary examinations;" when the vaginal membrane is greatly relaxed and "partial prolapsus" exists, the tubular instrument is preferable.

Messrs. Blanchard and Lea merit all praise for the beautiful appearance of the volume. We do not remember a more creditable issue from their press; it is a pleasure to open to so white a page and such clear typography. The binding deserves special commendation, and we hope to see future volumes in the same neat dress.—For sale in Boston, by Ticknor & Fields.

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*Observations on Wounds of the Heart, and their Relations to Forensic Medicine, with a Table of forty-two Recorded Cases:* By SAMUEL S. PURPLE, M.D., etc. New York, Samuel S. & Wm. Wood: 1855. Pp. 32.

This is a valuable monograph on the subject of wounds of the heart, based upon forty-two recorded cases, and intended to shed light upon a subject that is confessedly obscure. The importance of the subject will be appreciated by all who have any interest in legal medicine. Questions often involving life and death are raised in investigating the effect of these

injuries. Dr. Purple's Table of Cases is one of great interest, showing that in many instances life is prolonged to a surprising extent after wounds of the heart, while in some, the patient wholly recovers. The pamphlet closes with a series of "Conclusions regarding Wounds of the Heart," and a list of the principal writings on the subject. We regard the essay as one of great value in legal medicine.

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*Medical Lexicon of Modern Terminology*: By D. MEREDITH REESE, M D., LL.D. Third Edition. New York: Samuel S. & Wm. Wood. 1855. 16 mo. Pp. 233.

This little book is designed as a pocket companion, chiefly for students, and as such will be found useful during attendance at the hospital and in the lecture room. It is offered "to the profession and the public without any claim of novelty or rather merit, except convenience, brevity, simplicity and accuracy." It professes to contain several hundreds of words not found in any other dictionary. We cordially recommend it for the purpose for which it is designed, although for any other it cannot compare with Dunglison. For sale in Boston by Burnham & Brothers, Cornhill.

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*Thirty-Eighth Annual Report on the State of the Asylum for the Relief of Persons deprived of their Reason.* Philadelphia: 1855.

This Asylum, for the treatment of the insane, is situated in Philadelphia, and is under the care of the Society of Friends. The Superintendent is Joshua H. Worthington, M.D. The number of patients under treatment during the past year was 99; of whom 32 have been discharged, and 8 have died. Of those discharged, 17 were restored, 3 were much improved, 5 improved, and 7 without improvement. The Report of the Managers speaks of the Asylum as being in an excellent condition.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 14, 1855.

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### BOSTON MEDICAL ASSOCIATION.

AN adjourned meeting of this Association will be held on Monday next for final action upon the modification of the fee table, as proposed by the Committee to whom the subject was confided, and on the amendments which were proposed to the report. As every member of the Association has been supplied with a copy of the report and amendments, it is unnecessary for us to recapitulate here the proposed changes, or to urge the importance of a large attendance at the meeting. We publish below, a communication from one of the oldest and most respected physicians of our city, advocating an increased rate of fees, generally. We wish here to call special attention to one or two of the proposed changes, and especially to Dr. Channing's amendment, substituting *two dollars*, instead of a sliding fee of from one to two dollars, for an ordinary visit.

We object to the sliding scale, because it is unnecessary and inconvenient. We cannot see what advantage there is in having two prices for the same service rendered, unless it be to accommodate the circumstances of the patient; but this is already provided for by article XV. of the Rules and Regulations, which reads, "in every case, in settling his account, the practi-



tioner may make any deduction which he conscientiously believes that the circumstances of the patient render necessary." If we are told that many respectable patients object strongly to having the amount deducted expressed in the bill, we reply that there is no rule rendering such a procedure incumbent on the members of the Association. The want of a fixed price for services rendered, must often lead to misunderstanding between physician and patient. The latter has a right to know the rate at which he is charged for medical attendance, and may demur at paying the larger fee, if he sees that the tariff includes a smaller one. So when a patient is transferred from the care of one physician to that of another, he may find that a different rate of charges is adopted by the two practitioners, each being able to appeal to the fee table. In short, since it is impossible that all classes of patients should pay alike, let the maximum fee be expressed in the table, to be diminished, when necessary, according to the circumstances.

The regular fee should be *two dollars*. It could not well be higher in this city at the present time, and certainly at the present cost of living, the profession would not be worth following if a lower fee only could be demanded, at least from wealthy patients. The great majority of the profession are in limited circumstances, and have families to support. They probably give away a larger amount of services than is done in most professions; and certainly two dollars for a visit is not a high rate for those who are in comfortable circumstances to pay, in return for the time, labor and responsibility which they demand.

The "fixed price" has been adopted by the Committee in almost every other instance, the highest fee of the old table being generally adopted. In some cases, however, the fee has been diminished:—thus, the fee "for rising in the night, and visit," used to be from *five to ten dollars*; it is proposed to reduce it to from *three to eight dollars*. The rate proposed for a case of midwifery is *fifteen dollars* in the day time, and *twenty-five* in the night. In Dr. Channing's amendment the change is from *fifteen to thirty dollars*. In the last edition but one, of the Rules and Regulations, the *night* was considered as beginning at *eleven* o'clock; it was subsequently altered to *ten* o'clock, and the Committee now recommend that the original hour of eleven be adopted. Dr. Channing recommends that the consultation fee be raised to *ten to thirty dollars*, the old rate being *five dollars*. While we are ready to acknowledge that five dollars is too low a fee in many cases of consultation, we think it might be allowed to stand as the minimum charge, in accordance with the clause in the Medical Police, which says that "consultations should be encouraged in protracted and difficult cases, as they give rise to confidence, energy and more enlarged views in practice." If the amendments be not adopted, however, no others can be acted upon at this meeting.

#### THOUGHTS ON MEDICAL FEES.

MESSRS. EDITORS,—Let me give you a few thoughts on the subject of medical fees. It is not agreeable to have the subject of fees before the minds of physician and patient when engaged together. Yet it is plain that the fees are necessary to give support to the physician. His work is one of mercy; but to perform it he must go through a long and expensive education in a city, he must pass years of diligent labor among the poor before he can get more than a simple maintenance as a single man, and though he have real merit, he takes the risk of going through life without getting more than a humble support for a family. Men would not enter such a profession if there were not some chance of doing better than this.

It is for the public good that there should be such a chance. And there is such a chance, but among us it is not good enough. Our fees are too low. The high prizes are much lower than those which the lawyer may hope to draw. The lawyer, after his years of waiting, has an opportunity of a public exhibition of his talents at the bar. The physician has not such a chance. The surgeon has a better one than the physician, but not so good as the lawyer. Hence the medical man is constantly anxious to get employment, so that he may show his skill, and he is tempted to make his charges low so as to gain favor. This is a bad calculation, and ultimately he loses by it. Some individual patients gain a little, but on the whole the public do not gain. It is for the public good, then, that the prize should be obtained by the most capable, not by him who will work for the lowest fees. But the poor, and those not rich, must be accommodated. That is right. What, then, is to be done? Plainly it is this. Serve the poor gratis; that is, for thanks; and do not be angry if they won't give them. From persons in moderate circumstances, demand moderate fees, less than would give an honorable support. From the rich, those who can live sumptuously, demand large fees. If this be not done, physicians cannot obtain the compensation they deserve. The rich, in general, are ready to pay if they can get the good article. Give them the time they want; as they are to support you, they have a right to be attended to first. But do not hesitate to charge them fully for the time and services you give them. S.

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#### RHODE ISLAND MEDICAL SOCIETY.

THE forty-fourth annual meeting of this Society was held in Providence on the 6th inst.

Dr. Mauran, our President for several years, having, by a written communication to the Secretary, declined a re-election, the following gentlemen were elected officers for the ensuing year:

*President*—Ariel Ballou, M.D., of Woonsocket.

*1st Vice President*—Hiram Cleaveland, M.D., of Pawtucket.

*2d Vice President*—Isaac Ray, M.D., of Providence.

*Recording Secretary*—W. Owen Brown, M.D., of Providence.

*Corresponding Secretary*—Edwin M. Snow, M.D., of Providence.

*Treasurer*—G. L. Collins, M.D., of Providence.

*Librarian Northern District*—S. Clapp, M.D., of Pawtucket.

*Librarian Southern District*—T. C. Dunn, M.D., of Newport.

*Censors*—Drs. S. A. Arnold, T. C. Dunn, J. J. Smith, O. Bullock, E. Fowler, W. A. Hubbard, J. H. Eldridge and S. Clapp.

George W. Jencks, M.D. and Moses Fifield, M.D., were elected Fellows of the Society.

The Trustees of the Fiske Fund announced that they had awarded the premium of fifty dollars to Dr. Albert Newman, of Attleboro', Mass., for the best dissertation on the subject of *Croup*. They also awarded the premium of one hundred dollars to Mr. Edwin Lee, member of the Royal College of Surgeons, London, &c. &c., for the best dissertation on "*The Influence of Climate on Tuberculous Diseases*." For the year 1856, they offer a prize of one hundred dollars for the best dissertation on the following subject, viz.:—"Does Pregnancy accelerate or retard the development of Tubercle of the Lungs, in persons predisposed to this disease?"

The annual oration was delivered by Dr. C. W. Parsons. Subject—"Oxaluria." The discourse manifested an intimate knowledge of the subject—the result of indefatigable research, and adds a fresh laurel to the au-



thor's already well established reputation as a writer. The address will be published. Elaborate biographical sketches of Dr. Throop and Drs. Wm. and Pardon Bowen, three of the earlier presidents of the Society, and notices of several other deceased members, were read by Dr. Mauran, chairman of the committee on that subject. These biographies are of deep and permanent interest, and it is expected, will, with others, be eventually published in the form of a volume.

Drs. Homans, Storer, Lewis and Adams of Boston, were the guests of the Society, and their presence and remarks at the annual dinner, contributed largely to the intellectual festivities of the occasion.

A bountiful repast was provided, and it appeared to be the general impression that the meeting was one of unusual interest, and augured well for the future prospects of the Society. \*

*Treatment of Bunion.*—We have seen at Messrs. Metcalf & Co.'s a new application for the treatment of bunion. It is a very fine felt, like that used by piano-forte makers, about one-fourth of an inch in thickness, and covered on one side with an adhesive layer. A hole is punched through the felt, corresponding to the tumour. The lower surface of the felt being moistened, is applied to the skin, to which it adheres, while the bunion is protected from pressure by the thickness of the material. There is nothing new in the principle of this mode of treatment; it is only the nicety and convenience of the material to which we wish to call attention.

*Medical Miscellany.*—Dr. Reese, of the American Medical Gazette, has associated with him, as assistant editor, Dr. C. D. Griswold, favorably known to our readers as a contributor in former years to the pages of this Journal. —The Board of Health in New Orleans, June 8th, publish that the cholera is not epidemic in that city.—It is stated that the use of laudanum, as a means of intoxication, has much increased of late.—A majority and a minority report were made to the New York Academy of Medicine on Wednesday evening, of last week, on the subject of Dr. Green's operation of catheterization of the lungs. An animated discussion ensued, but the decision of the matter was deferred to a special meeting called for the 20th inst. —A well-executed portrait of Prof. Austin Flint, of Buffalo, has been sent to the publishers of the Buffalo Journal—a present and mark of respect from the medical faculty of that city.

#### NOTICES.

*Communications Received.*—Beef-eating in hot weather.—Extracts from the Records of the Providence Medical Society.

*Books and Pamphlets.*—*De l'inflammation du tissu cellulaire qui environne la matrice, ou du Phlegmon péri-utérin et de son traitement.* Par T. Gallard. Paris: 1855. (From the author.)

On page 336 of this volume, line 18, for the "*acid*" taste of supercarbonate of soda, read *acid* taste.

**DIED.**—In Portland, Me., June 7, John Merrill, M.D., aged 73 years.—At Bloomfield, Ill., Dr. A. V. Apperson, a recent graduate of Starling Medical College.

*Deaths in Boston* for the week ending Saturday noon, June 9, 64. Males. 35—females, 29. Accident, 2—apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 1—congestion of the brain, 3—consumption, 15—convulsions, 2—cholera infantum, 1—croup, 5—dropsy, 1—dropsy in the head, 3—debility, 1—infantile diseases, 2—erysipelas, 1—typhoid fever, 1—scarlet fever, 1—disease the heart, 2—inflammation of lungs, 5—marasmus, 1—old age, 1—pleurisy, 2—poisoned by opium, 1—premature birth, 1—scrofula, 1—smallpox, 3—teething, 2—thrush, 1—tumour, 1—unknown, 2.

Under 5 years, 30—between 5 and 20 years, 6—between 20 and 40 years, 13—between 40 and 60 years, 8—above 60 years, 7. Born in the United States, 47—Ireland, 14—Scotland, 1—British Provinces, 2.

*Obstetrics among the Burmese.*—The word in the Burmese language signifying “to be confined,” translated literally, signifies “to be roasted;” and no word could convey a clearer idea of the proceedings. At the expiration of the seventh month of pregnancy, one hundred large sticks or logs are purchased; and, directly the woman is seized with labor-pains, a large fire is lighted on a small moveable platform, and placed close to her left side. The heat given out is intense; every window is religiously closed, and the room crowded with all the woman’s relatives and friends, male and female. If the patient’s family be sufficiently rich, the attendance of a Boodhist Brahmin is secured, who places himself at the woman’s head, and remains during the whole labor, in order to ward off evil spirits. An old woman generally acts as accoucheur. If everything goes on right, no one interferes; but if the labor exceeds an ordinary period, a few of the most powerful of the male relatives are called upon to make violent pressure on the abdomen from above downwards, with the view of “pushing the child out.” Every Burmese woman swears by the efficacy of this measure. During the whole process, the woman is placed on the back, and is not allowed to turn on either side. The umbilical cord is tied a *P’Anglais*, and divided by a see-saw motion with a pair of bamboos split in the middle, forming a most rude pair of scissors. This being accomplished, the fire is increased and for seven days is kept up with unabated vigor. Uterine hæmorrhage is a very rare occurrence, and puerperal fever is unknown.—*Association Medical Journal*. Jan. 7, 1855.

*Vesico-Vaginal Fistula.*—M. Jobert has brought under the notice of the Academy of Medicine at Paris an interesting case of this affection, in which, by his auto-plastic method of operating (separation of the vagina at its junction with the neck of the uterus), he had obtained a complete cure.

The circumstances of the case were as follows: The patient was a girl 15 years old; by accident during a fall, a pencil had been introduced within the vagina, and penetrated into the bladder, where it speedily became encrusted with lithates and formed the nucleus of a very large calculus. Some months afterwards this was extracted, by the vaginal operation, by a country practitioner, and, although the case was successful in other respects, the fistulous opening (for the cure of which M. Jobert had now operated) remained as the consequence.—*Gazette Medicale*, March 10, in *Edinburgh Monthly Journal Med. Science*, May, 1855.

*German Universities.*—During the past winter 18,201 students matriculated in the 28 Universities of Germany; 847 regular professors, 253 professors *agreges*, 46 honorary professors, and 450 masters of particular subjects and languages: in all, 1699 persons superintended the instructions. Considerable variation has been observed in the number of students; thus, during the winter of 1851—2 the number rose to 19,354, the summer following it was 17,810: in the winter of 1852—53, 18,576, and during the succeeding summer 17,905. The total number of strangers attending these Universities is estimated at 2,711.—*Cologne Gazette*, in *Edinburgh Monthly Journal*, May, 1855.

*Gift of Cod Liver Oil to the French Military Hospitals in the East.*—Mr. Hogg, a Parisian pharmacist, convinced of the utility of cod-liver oil during the frequently very long convalescence from grave diseases and severe surgical operations, has just offered to the Minister of War two hundred flasks (flacons) of this oil for the French military hospitals in the East. The offer has been accepted.—*Gazette des Hopitaux*. Feb. 1855.

*Transmissibility of Cholera.*—M. Charcellay, Professor in the preparatory school of medicine at Tours, has addressed a memoir to the Imperial Academy of Medicine, upon the subject of the transmissibility of cholera in many localities of the district of Indre et Loire during the epidemics of 1832, 1849 and 1854.

The facts which he reports in this paper go to show that cholera is sometimes transmissible from one individual to another irrespective of epidemic influences and localities.—*Gazette des Hopitaux*. Feb. 1855.

*Scarcity of Military Surgeons in France.*—Most of the military surgeons now in Paris are ordered to proceed immediately to the army. M. le Directeur de l’Assistance Publique is to nominate several physicians and surgeons in civil practice for appointment in military hospitals.—*Gaz. Med. in Edinburgh Monthly Journal*, May, 1855.



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THURSDAY, JUNE 21, 1855.

No. 20.

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## VAGINAL HYSTEROTOMY, &c., IN LABORS OBSTRUCTED BY UTERINE AND VAGINAL CANCER.

[We give further extracts from the forth-coming work of Prof. Simpson, of Edinburgh, which are now for the first time published.]

Carcinoma in the walls of the cervix uteri and vagina is occasionally found co-existing with pregnancy and parturition. Such deplorable cases have been seen to terminate variously. Sometimes the cervix has been still found so very slightly diseased and indurated, at the time when labor at last supervened, that it has spontaneously relaxed, and opened for the transit of the child. Far more frequently its unyielding structures have fissured and torn under the pressure of the presenting part of the infant; the labor, however, thus terminating ultimately without artificial aid, after sufficient space was obtained by the spontaneous lacerations. In some instances the patient has, some days after labor supervened, died undelivered, in consequence either of pure exhaustion or of laceration of the walls of the body and fundus of the uterus. And in one or two rare cases, the pains of parturition, after coming on regularly at the full term of pregnancy, have after a time ceased—and as in the “missed labors” that so often happen in the cow and sheep—the dead fœtus has been retained in utero for weeks, or even months, beyond the normal period of delivery.

CASE I.—In a patient pregnant, and with extensive cancer of the cervix uteri, whom I saw at Hamilton, efforts at labor seemed to come on more than once, when and after the mother herself calculated the term of utero-gestation to be completed. She died at last undelivered, apparently of peritonitis. The fœtus was found decomposing in utero. There was an extensive effusion of lymph on the peritoneal surface of the uterus; but apparently no rupture. She refused to submit to any treatment.

What *treatment* should we pursue in cases of parturition morbidly delayed and obstructed by cancerous disease of the cervix uteri or vagina? It has been long laid down as a principle in British midwifery, that when in labor it is found impossible, from the amount of obstruction which exists, that the lives of both the mother and child can be preserved, the life of the infant should

be sacrificed by craniotomy, for the safety of the mother, provided there is space to extract the mutilated child through the maternal passages. In accordance with this principle I have known the mother, in a case of labor obstructed by carcinoma uteri, delivered by the perforation and breaking down of the head of the infant ; and cases of delivery by craniotomy under the same complication have been recorded by Denman, Dorrington and others.

But surely we have a true and important exception to this principle when parturition is rendered difficult or impossible by cancer of the cervix uteri or vagina. In consequence of the fatal disease under which the mother is suffering, her own life is not worth more than a few weeks, or at most a few months' purchase ; while the child, if saved and not sacrificed, may possibly grow up, and become a useful and important member of society. Under such circumstances we are assuredly justified in preserving the life of the child, even were it at the expense of some additional risk to the life of the mother. When, however, in this complication, the unassisted efforts of nature prove inefficient, and operative measures come to be really required, those that are best, are, I believe, of a kind that usually do not add to the danger of the mother, while they are calculated to preserve the child. In most cases the cancerous part at last spontaneously fissures and lacerates in order to allow the child to pass. By practising vaginal hysterotomy in these same instances we arrive at the same end ; but more certainly and safely. For, instead of allowing the muscular contractions of the uterus to make, by long and exhausting efforts, the necessary lacerations, and gain for us the necessary space, we make these lacerations or incisions with the bistoury ; and farther, when we do so, we select the safest time for effecting them, namely, early, and before exhaustion sets in ; and we can select, also, the safest locality for the division of the tissues of the cervix, instead of leaving them entirely to chance. After the incisions are made, the expulsion of the child may be left to nature, or it may be extracted artificially by turning, or the long forceps. In the two following cases, the long forceps were used after the necessary incisions were made.

CASE II.—In a woman in the Royal Infirmary, six months pregnant, the septum between the rectum and vagina was already perforated by carcinomatous ulceration. She went on to the full time. As the disease did not extend to the uterus, but affected only the vagina and surrounding tissues, the first stage of labor was completed naturally ; the child was then extracted by the forceps. But it was necessary, first, to incise freely the carcinomatous mass obstructing the vagina, and in bringing down the head, the perineum, which was quite indurated and tuberculated, tore in its whole extent. The infant was alive and healthy. The woman had a rapid convalescence, and lived for more than two years afterwards, the carcinomatous ulceration gradually excavating and destroying almost the whole contents of the pelvis.



CASE III.—A patient, the subject of extensive cancerous disease of the cervix uteri, was seized in the Infirmary with premature labor near the eighth month. After the parturient efforts had lasted for a considerable time, without any prospect of successful dilatation and delivery, I enlarged the os uteri by lateral incisions, and extracted the infant with the long forceps. The child survived. The mother suffered no special aggravation of her symptoms in consequence of delivery. The cancerous disease proceeded on its usual course, and proved fatal a few months subsequently.

In the following instance the uterine efforts very speedily expelled the child, after the obstruction from the indurated cervix was removed by incision.

CASE IV.—I saw this patient with my esteemed friend Dr. Martin Barry, when he was attached to the Maternity Hospital. The woman had been ill for three days. She was very much exhausted, and her pulse extremely rapid. The cervix was indurated by carcinomatous degeneration at one side, and did not seem at all inclined to yield. Two or three small incisions were made through the indurated portion. This allowed the head to pass, and the delivery was completed after five pains. It was too late, however, to save the patient. Her pulse never fell, and she sank in two or three days afterwards.

The cancerous disease at the time of labor supervening may be found not so great or extensive as to prevent the os uteri opening to nearly its full extent, and yet it may prevent the head from entering the brim. In the following case I delivered the patient by turning, instead of the long forceps—the head being detained so very high up as to suggest the former as preferable to the latter mode of delivery.

CASE V.—A patient, under the care of Dr. Burns, who had previously borne a large family easily, had her last labor very much protracted in consequence of carcinomatous induration of the posterior lip of the uterus. Symptoms demanding artificial delivery supervened by the time the os uteri was nearly dilated. The child was extracted by turning, and survived. The diseased cervix tore slightly as the head passed; and perhaps it would have been better to have determined the seat of this laceration by a previous incision. The cancerous disease proceeded slowly onward, and she died in about a year.

CASE VI.—In another patient of Dr. Burns's, premature labor came on spontaneously between the seventh and eighth month; and though the whole circle of the cervix uteri seemed affected with the cancerous disease, the os at last dilated and fissured sufficiently to allow a living child to pass. The disease proved fatal to the mother a few months subsequently.

In cancer complicating pregnancy, the preservation of the life of the child is, we have ventured to state, the great object which the practitioner should desire to effect—especially if he can accomplish this object by means not directly detrimental to the mother—

and such cases as this last have suggested the propriety of sometimes attempting to attain this double end by the artificial induction of premature labor. This mode of delivery ought probably to be adopted if the disease is so severe or acute as to threaten to destroy the life of the mother before the full completion of pregnancy; or if we fear that the mechanical obstruction, from the rapid growth and development of the disease, is likely to prove too great for the possible passage or extraction of a child allowed to reach the full term. At the same time, as our calculations are specially directed to the preservation of the child, it would be wrong to peril its life by bringing it with any unnecessary prematurity into the world; and certainly the idea suggested by one or two authorities of treating this complication by inducing artificial abortion or premature labor before the infant was viable, seems to us a practice indefensible either on moral or professional grounds.

In almost all the known and recorded instances of cancer uteri complicating parturition, the obstruction to delivery has arisen far more from the *induration* and consequent non-dilatability of the structures that were the seat of the disease, than from their increased physical *volume* or bulk. And hence the reason why we may hope to overcome the difficulty, in a great majority of cases, by the division, when necessary, of the affected tissues. But where, unfortunately, in the exceptional case, there exists, from the mere size of the carcinomatous deposit, such obstruction of the maternal passage as to prevent delivery entirely, *per vias naturales*, unless the child be destroyed and mutilated, then it does certainly appear justifiable to extract the infant, if it is still alive, by the Cæsarean section. In this complication of labor obstructed by carcinoma uteri, craniotomy, when adopted, besides proving of necessity directly fatal to the child, has almost always resulted, also, in the very speedy death of the mother. Few or none, in the instances recorded, have survived above a few hours, or a few days at most. The Cæsarean section offers every possible chance to the life of the child, and is scarcely more fatal to the mother. Some years ago, my friend, Dr. Oldham, published a case of large carcinoma uteri obstructing labor, in which the child was saved by this mode of delivery, and the mother did not die in consequence of the operation as has happened in most instances in which the Cæsarean section has been performed in British practice.

#### SPONTANEOUS DISAPPEARANCE OF AN ABDOMINAL TUMOR.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send you the following history of a case of abdominal tumor disappearing in a way new to me. If you think best, you are at liberty to publish it in your valuable Journal.

Yours truly, HENRY CADY.

Monson, May 23d, 1855.



Mrs. ———, formerly a resident in this town, consulted me in March, 1852, to obtain my opinion and advice in relation to an enlargement, which she had a short time before discovered on the right side of the abdomen, near the anterior inferior spinous process of the os ilium. She was, at this time, 26 years of age, had been married one year, of bilious temperament and muscular system sparingly developed. On examination, I discovered a tumor occupying the points above named, somewhat larger than a large-sized hen's egg, solid to the feel, its surface even and uniform. Its boundary could easily be traced, its lower portion extending down behind the pubic bone. The history she gave me, was in substance the following:—'There had been slight tenderness and occasional pain, in this location, for more than two years prior to date of examination, at first so trifling as hardly to engage attention. As the pain had frequently, though not always occurred at her menstrual periods, and on such occasions with greater severity, she thought the trouble might depend on some trivial catamenial derangement, though more strongly suspicious that it was some form of hernia. The attacks of pain, however, as time went on, became gradually more frequent and severe, until, about four weeks previous to date aforesaid, she had a far more severe attack than she had ever before experienced, which led her to a closer scrutiny of her own case, when, for the first time, she discovered the tumor in question. The severity of this attack passed off in a few days, so as to enable her to ride home comfortably in the cars, a distance of about twenty miles. The examination referred to, took place soon after her arrival. Her general health, at this time, had not suffered much from the local morbid condition. As before intimated, this lady had for years complained of muscular feebleness, could not endure active exercise long at a time, without much weariness, for which condition she had, by my advice, at different periods, taken various preparations of iron with manifest advantage. Having been a thorough student and apt scholar, she may have failed to give the muscles all the exercise necessary to maintain their full tone.

From the most careful examination and closest scrutiny of which I was capable, I could make nothing in my diagnosis, more or less, than a diseased state of the right ovarium. I consequently expressed freely, to the husband of the patient, my opinion that the disease was an encysted ovarian tumor.

Having in my former professional career had under my care, some cases of encysted ovarian disease, and having found nothing in their results to encourage my confidence as to the value of much treatment by medicine internally, and tapping even, in cases brought to my notice, affording only temporary relief, I advised nothing more than the external use of unguent, iodine alternated with emplastr. mercurialis over the tumor, with some medicine (the form I do not recollect) of an opiate kind, to be taken whenever the attacks of pain supervened. I also advised the patient to con-

sult the lamented Dr. James Smith, late of Springfield, who, it will be remembered by the readers of your Journal, was one of the victims of the Norwalk disaster, in May, 1853. After stopping a few days at her father's, Mrs. ——— returned to her own home, and some weeks afterwards, having experienced a very severe attack of the pain, commencing in the region of the tumor as at first, but latterly, and especially at this time, extending over the hypogastric and umbilical regions, similar to colic, Dr. Smith was called, according to my previously expressed wish. After a thorough investigation of the case, Dr. S. came to the same diagnostic conclusion I was driven into, as the patient informed me. Dr. S. advised a pretty free use, internally, of iod. potass., under the use of which the returns of pain became less frequent and less severe. In August, 1852, at which time the patient was again at her father's residence, I made a second examination of the case. At this date, I found the tumor had considerably increased. It was found to be more than twice as large as it was, in March previous. General health of patient considerably affected by the disease. From the time of last date till April following (1853), I had no opportunity to mark the progress of the disease. I learn from the patient, however, that she persevered in the use of iod. pot., believing that she suffered less under its use, than without it. February 12th, 1853, while riding on a short journey, the horse became frightened, the carriage upset, and she was violently thrown upon the frozen ground, producing severe general concussion, besides bruising the body and limbs, and tearing the scalp in a number of places. Symptoms of concussion of the brain and general re-action followed the disaster, although the abdominal tumor seemed not to be affected in the least by the accident. Severe headache, giddiness and general fever followed, and continued without much abatement for several days in succession, so that the consequent prostration rendered her unable to be removed from her sick-room, near the place of the accident, until some eight weeks afterwards. The medical gentlemen, into whose hands she fell, conducted the case very judiciously and skilfully. April 9th, 1853, the patient was removed to her father's, when another opportunity was given me of examining the tumor of the abdomen. By reason of the great emaciation existing at this date, its boundaries might be readily traced, in every direction. It was found to occupy the whole of the right hypogastric and iliac regions, extending upward nearly to the umbilicus, and pushing towards the left, under the right portion of the linea alba. I judged the tumor at this time to have measured, from pubis upward, 4 inches, and horizontally 5 or 6. Patient pale, tottering, feeble and greatly emaciated, and now complains of pain in the anterior part of right thigh. In these respects she improved in some degree under the use of tonics, cordials, gentle exercise in the open air, &c., until the 20th of June following, when she was suddenly attacked with chilliness, pain in abdomen, nausea and vomiting, alternated with



diarrhœa. The discharges were frequent, copious and watery, containing some bile and crude fecal matter—sometimes a brownish, muddy liquid only; very offensive, but without ordinary fecal odor. The general condition was that of great irritation; fever; pulse 130 to 145 beats per minute, and great prostration. The tongue was red and smooth, the whole abdomen very tender and intolerant of slight pressure.

Having been absent from town at the date of this attack, I am indebted to the patient, and especially to her medical attendant, Dr. A. Smith, of this place, who had charge of the case at this period of its history, for the facts stated. Dr. S. continued his attendance on the case for some five or six weeks succeeding the above date, but regarding it unnecessary to give here a minute detail of his treatment, I will briefly signify my opinion that it was such as good judgment and skill would dictate, having been directed to means for controlling irritation of the mucous lining of the stomach and bowels, by opiates, mucilages, mild astringents, and supporting the strength by wine, wine-whey, gruels, broths, and such other nutriment from day to day, as could be tolerated by the patient, together with mild tonics. The patient, though greatly prostrated by intense suffering from this formidable state of disease, lived on. After about two weeks, the stomach became less irritable and the watery discharges less frequent, the tongue continuing red, and pulse 130. For the following four weeks all the above symptoms continued the same in kind, though in degree gradually less severe. It should have been mentioned that Dr. S. discovered, a few days subsequent to the attack, and now and then in the course of the disease, what he regarded to be unmistakable evidence in the alvine discharges, of ulceration of the mucous coat, which he supposed had taken place somewhere in the large intestines.

On my return, about the first of August following, I resumed the care of the patient. She could take a little liquid nourishment with some trifling relish, and seldom vomited. Abdomen tender and somewhat tympanitic—the last having been an accompanying symptom, more or less, from the onset of the condition now being considered. Tongue still red. Pulse 130. For the sake of brevity, I will simply state, that similar symptoms continued, the muddy-water stools sometimes slightly bloody, for about eight weeks, but gradually diminishing in degree, and becoming less frequent. The pulse became more moderate; tongue less red; appetite improving, &c. It was also discovered that the tumor, which up to last date had undergone no apparent change, was diminishing in size; and as time passed on, it continued to diminish, so that by the middle of the following winter (1853-54) it had subsided low down into the pelvis, appearing, as felt through the abdominal wall, like a bit of coiled-up leather, say 2 1-2 inches along the venter of the ilium, or in the iliac fossa, by an inch in thickness, and in feel slightly elastic. Mrs. ——— continued from this time to

improve uninterruptedly in strength, and the derangement of the bowels grew less, so that by the beginning of the summer of 1854 she had regained much of her usual amount of flesh. The turbid watery discharges continued, as she informs me (for she removed in the month of June, 1854, to her own home, in the vicinity of Boston), until about the first of September, 1854. These discharges, however, for the last two months of their continuance, were not very frequent, occurring no oftener than once in from three to five days. About the last date they ceased altogether, and have never returned. Mrs. ——— is now well. I saw her a few weeks since, and never knew her in more perfect health than at that time. She assured me—I did not examine—that the tumor was entirely gone.

*Remarks.*—Either the tumor described in the foregoing *was* ovarian, or it *was not*. If it *were*, its contents found a way by ulceration into the caput cœcum, or some other portion of the colon. No history of such a case has ever come to my knowledge. In Braithwaite's Retrospect, Part IX., p. 204, is the relation of a case treated by Mr. Tutin, Surgeon to the Ripon Dispensary, in which ulceration took place externally through the umbilicus, and the contents of the tumor escaped, with ultimate recovery of the patient. In Part XIX. Braithwaite, p. 281, is a short history of a case under care of Dr. Bennet, of the Royal Infirmary, London, in which an ovarian cyst seems to have burst into the urinary bladder. The patient recovered. In the case of Mrs. ———, nothing is claimed on the score of treatment, towards contributing to the result, unless it be the *care* bestowed to cherish the feeble powers of the system during the darkest period of her suffering, thereby giving nature all the chance possible. She is one of those noble, strong-minded women who have power to control emotion in case of emergency, and exercise extreme patience under suffering—circumstances which no doubt contributed much towards her final recovery. Did the fall from the carriage have any agency in shaping the result?

#### CONTAGION OF PUERPERAL FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

THE conflicting views of medical men on the subject of the contagious nature of puerperal fever, I presume can be reconciled and accounted for. There is no denying the truth of both its contagious and its non-contagious character in different instances, and we have the highest, the most reliable and most ample testimony on both sides. Drs. Hodge and Meigs, of Philadelphia, and a host of other eminent men, support the doctrine of non-contagion; whilst others equally eminent, including Dr. Holmes, maintain the opposite opinion. From my own limited observation, and from the writings of others, I am satisfied that two distinct forms of disease have received the name of puerperal fever. The one occurs sporadically,



but frequently, is characterized by acute phlegmonous inflammation, generally amenable to treatment, its form being sthenic or inflammatory; and hence those who have seen much of it consider it, as it really is, not contagious, because it cannot be traced to contagion as its cause. The other form prevails more seldom, and in some sections perhaps never, like malignant typhus, which it very much resembles in its general character. In an extensive country practice for many years, I have seen only one season in which this form prevailed in this section. The disease was characterized by malignant typhus symptoms, and occurred in connection with erysipelatous fever, or that malignant form of disease sometimes popularly called "black tongue," attended with diphtheritic sore throat. These cases of puerperal fever were traceable to contagion, and little influenced by treatment, and generally fatal. I consider, therefore, that form of puerperal fever which is strictly and truly contagious, as a certain form of erysipelatous fever spending its violence on the womb, its appendages, and the peritoneum; these structures, in the puerperal condition, being in such a state as to invite the localization of the disease. That subtle, that fearful and too generally fatal poison of the contagion infects, and in some degree kills, the blood, and few patients survive the attack.

Now it is very natural that a physician who has practised in one or more epidemics (or rather visitations) of this contagious character, should so generalize as to consider all cases of puerperal fever contagious; while, on the other hand, those who see a great many cases of the sporadic or inflammatory form, should so generalize as to consider all cases non-contagious. Hence the discrepancy of opinion.

WM. A. GILLESPIE.

*Louisa Co., Va., April 23, 1855.*

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#### FLANDIN'S NEW PROCESS FOR THE DETECTION OF THE ORGANIC POISONS.

[Communicated for the Boston Medical and Surgical Journal.]

It is an acknowledged fact in medical jurisprudence, that the presence of an organic poison cannot be demonstrated unless the vegetable alkaloid used can be exhibited in a pure state. The following process, published at Paris in 1853 by Charles Flandin, long the rival of Orfila, appears to accomplish this desideratum; and as his work on Poisons is somewhat rare in this country, it has seemed proper to give the method a somewhat wider circulation than it at present enjoys.

"In experimenting on suspected animal matters," says our author, "I have considered that they are composed of proteine or albuminous compounds, easily coagulated by heat, of neutral coloring matter, which is modified in contact with alkaline earths, such as caustic lime and baryta, and of greasy or resinous substances held in emulsion by albumen or by alkaline salts.

"The temperature of boiling water renders albuminous compounds insoluble. The treatment with caustic lime or baryta decomposes the coloring matter, and converts the resinous and fatty substances into insoluble soaps. The vegetable alkaloids are not changed by this process, and after the whole mass has been thoroughly dried and powdered, are dissolved out by alcohol and treated with ether, acetic acid and other appropriate solvents, according to the nature of the alkaloid suspected.

"If, however, a volatile alkaloid is present, a simple distillation, either in the air or in an atmosphere of some other gas, as nitrogen, or in vacuo, will suffice to separate it."

The process for eliminating morphine will serve as a model of Flandin's method.

"The suspected matter must be evaporated to dryness in a water bath, in contact with pure caustic lime, in the proportion of about twelve parts of lime to one hundred of organic substance. The whole mass must then be pulverized, and again thoroughly dried in the water bath. After this, it must be boiled with absolute alcohol, and the liquor decanted upon a filter. This process is to be repeated two or three times to extract all soluble substances. On cooling, a portion of fatty matter separates from the alcoholic solution, and is removed by a second filtration. The alcohol is then evaporated, and the dry residue treated with ether to remove the remaining fatty matter, leaving the morphine undissolved, either pure or combined with the other alkaloids which are associated with it in opium. In the first case, the usual tests will demonstrate its presence. In the second it must be treated with acetic acid and dried at a gentle heat. The residue is next treated with a little water, which dissolves the salt of morphine, from which the pure alkaloid is precipitated by the addition of ammonia. It may now be collected upon a small filter, and submitted to the usual tests, or be dissolved again in alkaloid and allowed to crystallize by spontaneous evaporation."

This method, with slight modifications, may be applied to the detection of all the fixed alkaloids. Some, as narcotine, porphyroxine and meconine, are soluble in the ether employed in the process, and are to be sought for in it. Others, as hyoseyamine, may be found in the acetic solution after ammonia has failed to throw down a precipitate.

The most favorable results have been obtained by this process. From 1500 grains of blood, to which had been added a single grain of morphine, Flandin clearly exhibited a considerable quantity, and he was able to detect it even in the proportion of one ten thousandth ( $\frac{1}{10000}$ ), say one grain of morphine to a pound and a half of animal matter.

One of the undersigned (J. G.) obtained by this process, from fifteen hundred grains of muscular fibre to which a grain and a half of strychnine had been added, and which had been set aside in a warm place until putrefaction had thoroughly set in, about



half the original quantity of the pure alkaloid, in which its crystalline form could be observed, and from which the characteristic reactions were obtained.

The simplicity and certainty of this process must recommend it to every chemist, and the quickness with which it may be performed (thirty-six hours being in most cases sufficient) renders it doubly valuable for the purposes of justice.

Cambridge, June 13th, 1855.

T. W. CLARKE,  
JOHN GREEN.

## Hospital Reports.

### MASSACHUSETTS GENERAL HOSPITAL.

*Compound Comminuted Fracture of Elbow-joint. Recovery.*—(Under the care of the late Dr. SAMUEL PARKMAN and Dr. H. J. BIGELOW. Reported by C. ELLERY STEDMAN, House-surgeon.) Henry H., æt. 10, Irish; was admitted 21st July, 1854. Is a tolerably healthy-looking boy. While bathing in the dock this afternoon he undertook to climb up the rudder of a brig lying at the wharf, and falling between the vessel and a pile, his right elbow was crushed. He was brought to the Hospital three hours after the accident.

On entrance, the patient is cold and the pulse is feeble; there is a wound six inches long on the inside of the right arm, reaching from the middle of the forearm, an inch or two up the humerus, and extending half around the limb. The upper fourth of the radius and ulna are comminuted, and ground into the muscles, which are forced through the integuments; the olecranon and the condyles cannot be distinguished. The soft parts of the humerus three inches above the wound are severely contused. There is but little hemorrhage; the hand is cold, and there is no pulsation of the radial artery. Dr. Parkman was sent for, and after a thorough examination, proposed immediate amputation, to which the mother would not consent, saying that she preferred to have him die with two arms than live with one. The patient was accordingly put to bed; and the arm, bent at right angles, with the hand pronated, was laid on a common Goodwin's fore-arm splint carefully padded with lint and compresses, retained in place by a loose bandage. Cold-water dressing; gruel; spiritus etheris c., gtt. xx. every four hours, and elixir of opium gtt. xx. at night.

22d.—Re-action has taken place; the patient is tolerably comfortable, though very restless.

24th.—Limb is much swollen and about to slough extensively. Pulsation is observed in radial artery. No dejection. Enema.

28th.—Arm continues greatly swollen and inflamed. There is a free discharge of bloody pus from the wound.

31st.—Large sloughs have come away from over the condyles.

August 4th.—Sloughing extends. The bones are exposed; the probe passes freely from the upper side of the arm to the splint on which it lies, through the elbow. Patient seems to retain his strength well, and does not appear to suffer much except when limb is dressed.

7th.—The sloughing over the external condyle is still going on.

10th.—There is now a very free discharge; an abscess is burrowing up the humerus. Omit the poultices and apply strips of spread lint along edges of wound, with scraped lint on the granulations.

11th.—Dr. Parkman opened the abscess on humerus, giving exit to a large quantity of pus.

20th.—Patient is much emaciated, but his countenance is cheerful, and spirits continue good; the wound is healthy. May have house diet.

31st.—Granulations have covered the exposed bones. A sequestrum was removed to-day from the humerus. Patient does not suffer so much during the dressing.

September 10th.—The wound is granulating in a healthy manner, with less discharge.

October 1st.—To-day complains of much pain in elbow. A small abscess was opened by Dr. Parkman, with much relief.

12th.—Granulations, though exuberant, are red and healthy. No dead bone can be seen; but the probe detects some fragments at the bottom of the wound. Patient was etherized; the opening dilated by a scalpel, and two bits of bone extracted, which were strongly adherent to the fascia. Cold-water dressing, with compression by bandage.

13th.—Arm is comfortable, but the patient complains of pain in head and abdomen. No dejection.

14th.—Cathartic, ordered yesterday, operated by the aid of an enema. The pain in head and abdomen continues. Erythema has appeared about the wound. Skin cool: pulse 104. Tongue with whitish coat. R. Spiritus ether c., gtt. xx. every four hours.

15th.—Arm causes no pain, but that in head and abdomen continues.

16th.—The erythema has vanished, and the pain in the head is relieved. Still some pain in abdomen. Pulse quiet. An herpetic eruption has appeared around lips.

17th.—Better. Arm now doing well. Water dressing and bandage.

18th.—Complains of no pain.

November 2d.—Wound granulating and contracting finely.

16th.—Wound healthy, but somewhat painful. General appearance of the patient is improved, and his strength is increased.

22d.—Exuberant granulations touched with nitrate of silver.

26th.—Sore indolent. Apply poultice.

December 1st.—Great improvement in the sore since application of poultice. He has much less pain, and some motion of elbow. Gains flesh and strength. Sprinkle sore with burnt alum before the poultice is applied.

10th.—Granulations less prominent. Omit alum.

31st.—Walks about with arm in sling.

January 13th.—Doing well. Has a little anterior and posterior movement of joint. Sore nearly healed. Can pick up small articles with his fingers.

February 1st.—Discharged, with instructions to come once or twice a week to the Hospital.

May 28th, 1855.—Having never returned to show himself at the Hospital, was found at his home to-day. There is an indolent ulcer on the outside of the elbow, about the size of a half dollar, which he will not have probed. There is motion of the elbow, allowing the hand to pass through a segment of a circle four or five inches long. Slight rotation. The head of the radius cannot be felt. He can carry his hand in his pocket, and use a cup with it at table. Motions of the hand and fingers are good.



## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION. BY  
W. O. BROWN, M.D., SECRETARY.

THIRD mo. (March) 5th, 1855.—Dr. C. W. Parsons reported a case of partial fracture of the left clavicle in a boy æt. 12 years. This occurrence “was formerly denied by Boyer, although since generally admitted by French surgeons.”

Dr. Otis reported a case of partial fracture of the fore-arm of a child. This was afterwards converted into a complete fracture by attempting to straighten the part, when the splints were removed at the second dressing. Drs. Ely, Baker and Arnold, each mentioned cases of partial fracture in children. Dr. Capron spoke of the frequency of dislocation of the head of the radius forward, in children; he had seen some twenty cases of this kind.

Dr. Collins exhibited two very neat, economical and efficient pharyngeal shower-bath syringes, made by attaching silver tubes, conveniently curved, and having minutely-perforated bulbous extremities, to glass syringes.

*Regular Meeting of the Medical Association, 4th mo. (April) 2d, 1855.*—Dr. Capron reported a case of placenta prævia, in which the placenta only partially covered the os internum. The membranes were ruptured, and the fœtal head descended and arrested the hemorrhage. Ergot was given in this case, with very good results. Dr. C. would not trust to ergot where the placenta was centrally situated; he lost one case where this course was pursued. He believed that in *all* cases of placenta prævia, the os becomes dilated, or dilatable, before death occurs, and will consequently admit of turning and delivery. Turning is not to be delayed after dilatation has taken place.

Dr. Armington reported a case of placenta prævia; no manual interference being allowed, the action of ergot and acetate of lead was awaited to no satisfactory purpose. The membranes were at length ruptured; the head advanced and arrested the hemorrhage. After a delay of two days, a dead child was delivered with the forceps. Great exhaustion, tenderness of the abdomen and tympanitis followed. Quinia, brandy and porter were given, and continued for two weeks. The patient recovered. Two tumors, each about the size of a hen's egg, were found in this case to be attached to the walls of the uterus.

Dr. Ely reported a case of *cancrum oris* which occurred in a child of 3 years. When first seen, the child had typhus fever. After ten days it began to improve, and on the 14th day was attacked with pneumonia, attended with diarrhœa of greenish matter. Under the use of ipecac., liquor potassæ, &c., it recruited again, and was convalescent on the 20th. At this time a *slight* ulceration was discovered on the mucous membrane over one of the lower incisors, but did not attract much notice. Being called again, a week after, he found a tooth had fallen out, and *cancrum oris* was manifestly present. Quinia and other tonics were given, and the strong nitric acid was applied to the ulcers, three mornings in succession. No benefit followed, and on the fourth morning a dark spot, the size of a dime, was found on the external surface of the cheek. This continued to extend, to the diameter of perhaps three inches, when the child died. Dr. E. believes no mercurials were given in this case; if *any*, not more than one grain of hydrarg. cum creta.

This child was remarkable for the clearness of its skin. Of six cases

of spontaneous cancrum oris, noticed by Dr. West, two occurred after typhoid fever, and two after measles; five of the six proved fatal. Of twenty-one cases reported by Rilliet and Barthez, twenty proved fatal. Twelve out of twenty-nine cases collected by them occurred after measles. Dr. E. had seen a case after smallpox.

Dr. Capron reported a case of *arm presentation*. The pains were so slight that the physician first called neglected an examination. The woman herself at length detected something wrong, and a second physician was called, who found an arm presenting. The pains were now severe, and chloroform was given, which arrested both the pains and uterine contractions. Dr. C. found the vaginal discharges fœtid. The uterus was firmly contracted, but the child did not advance. As turning was the only alternative, it was attempted, under the influence of chloroform; one knee was brought down, the other followed, and delivery was soon effected. Child was stillborn. Woman recovered well.

Several instances were stated, showing the necessity of an early examination, which always should be made at the first visit.

Dr. Baker stated that a man who stammered lately applied to an apothecary in this city, for six one-grain pills of opium. He was misunderstood, and six six-grain pills were given him. After taking one he became alarmed, and applied to Dr. B. A powerful emetic was directed, which took effect, and no stupor followed. The individual returned to New York, and his attorney afterwards wrote to the apothecary, claiming damages for illness alleged to have supervened in consequence of the opium pill.

Dr. Collins reported two cases of *infantile syphilis*, which occurred in one family. The father had had syphilis, and his child, two years of age, was attacked with it. The symptoms were well marked. It recovered rapidly under the use of the hydrarg. cum creta. This man's wife, during a subsequent pregnancy, had syphilitic eruptions. Two months after birth, her child was attacked with syphilitic eruptions on the forehead and soles of the feet, with ulcerations on the roof of the mouth and on the labia, and with coryza. It recovered speedily under the use of calomel.

Dr. C. W. Parsons reported a case, showing the *large amount of liquor amnii which is sometimes discharged*. In the present instance the patient was a young married woman, seven months advanced in her first pregnancy. Her symptoms (vomiting, great distension and tenderness of the abdomen) presented a strong resemblance to those of peritonitis. It was finally deemed necessary to induce labor, and the membranes were ruptured. Six quarts of liquid were collected, and it was thought half as much more was absorbed by the bedding and cloths around the patient. The child was hydrocephalic and stillborn. The patient recovered pretty favorably. This case occurred in his father's practice.

5th mo. (May) 7th, 1855.—Dr. Ely presented a specimen of lung containing a *tuberculous cavity in which cicatrization had commenced*. The cavity was about the size of an ordinary almond, and appeared smooth and healthy. The man who was the subject of it was intemperate, and it is supposed his death was produced by violence, as he was found suspended by a rope around his neck.

Dr. Collins reported a case of *erysipelas attending vaccination*. The subject of it was a child of three or four months. It was vaccinated on the arm by two punctures. On the fourth day after, as the vaccine pustule began to appear, erysipelas commenced at the same point, extending downward till it reached the hand and spread to the axilla; then to the



neck and down the other arm to the hand, which became very much swollen, as did also the body of the child. The case terminated fatally. Dr. C. believes the erysipelas was entirely induced by the vaccination—the system of the child being predisposed, though not strongly so, to take on this form of inflammation. Several other children were vaccinated at the same time, with the same virus, which he is sure was obtained from a healthy source. These all passed through the various stages of vaccinia in a satisfactory manner. After a good deal of experience as public vaccinator, this is the only case of the kind Dr. C. has ever met with.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JUNE 21, 1855.

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### MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

As the time for the annual meeting of this Society draws near, we trust that a large number of members will endeavor so to arrange their business as to be able to be present, at least during a part of the day, on this interesting occasion. Let our brethren of the noisy metropolis exchange for once the cares and labors of professional life, the tumult and confusion of the city, for the freedom and tranquillity of the country; for though Springfield is a city, its broad and unpaved streets, overshadowed by magnificent elms, its mansions surrounded by beautiful gardens, and its picturesque cemetery, give it a rural aspect which calls forth the admiration of all strangers who visit it. But the attractions of the country are potent for the Boston members only; *all* are interested in the promotion of good feeling and the progress of medical science which flow from the annual meetings of this Society, as well as in the social festivities which accompany them.

The season for the meeting is well chosen. At no time is there less sickness with us than in the month of June. It would seem as if Nature desired to recompense us for our labors by allowing us this beautiful month for recreation and social intercourse. We understand that several distinguished strangers are expected to add to the interest of the day, and we are assured that no pains will be spared by the Committee of Arrangements to render the occasion one of unusual interest. By the courtesy of the Superintendent of the Western Railroad, members of the Association from Boston will be carried to Springfield and back at one half the usual rates.

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### PROFESSIONAL ETIQUETTE.

If the duties which physicians owe to their patients are the most imperative, their mutual relations and intercourse, professionally, are of the greatest importance, and never to be made subservient to mere selfish purposes.

We believe it is undeniable that our own medical community is remarkably free from those occurrences which constitute breaches of professional etiquette. This should be so everywhere, among those whose aim is to diffuse comfort and the means of health. A truly high standard of feeling and practice can hardly be maintained unless the honorable estimation of brethren and the real wish “to do unto others as we would they should do unto us,” be cherished and regarded as the rule of action.

There are many ways of injuring a *confrère* besides overt detraction or

explicit assertion of incompetency, &c. The shrug of the shoulders, or the incredulous aspect, if anything be said in his favor; the hints of small experience, want of opportunities for observation, personal peculiarities made prominent, &c. &c., often go further towards injuring another's prospects, than any specific charge detrimental in itself. If an older physician be asked about the qualifications of a younger one, it is clearly his duty to give him the benefit of his own good opinion if he honestly have one. A generous man would often go farther;—he would not allow mere *youth* to prevent success—but would say (what is now the truth), that our younger physicians are nearly all highly educated—that their acquirements, in general, entitle them to the full confidence of the public, &c. It cannot diminish either the reputation or the income of the established physician to extend to the comparative neophyte a welcome, and a helping hand; it will only render the latter more deserving, if he be at all so, and will, through the years of weary waiting, inspire him with hope and give him an agreeable and elevated idea of his superiors in acquirements and experience.

The reverence for years and distinguished abilities is, we think, quite observable among our younger medical men, and while many may be mentioned who worthily inspire this sentiment, there is one for whom all seem, instinctively, to feel a genuine affection, and who affords us an eminent example of that professional courtesy which accords both to the advanced and the youthful practitioner the consideration merited by each.

Skill, judgment, science, and a spotless name  
Are not the only trophies of his fame :—  
While Honor's seal on every action shines,  
And Dignity with Gentleness combines ;—  
With learning's light the social virtues blend,  
And wondrous magic to his teachings lend—  
Peculiar beauty round his path is shed,  
And young and old call blessings on his head !

There are those, we regret to say, who by thoughtlessness often—sometimes, it is to be feared, intentionally, throw out opinions or insinuations which materially injure the prospects of others who would fain rise in the scale of success as well as of merit. The rashness of the tongue is rarely ever more mischievous than in such instances.

It is hardly worth while to specify much; most physicians are well aware how much good or evil a word, "fitly" or otherwise spoken, is capable of doing. We should not judge one another too freely, nor should we draw conclusions from mere appearances. If a member of the profession be fond of its literature, or has been led to its cultivation by particular or fortuitous circumstances, hardly to be avoided, it does not follow that he has not a wish to practice, and others should not form such an opinion, much less promulgate it, unless they know it to be the fact *from his own mouth*. Otherwise, his laudable hope for a share in active professional labors and remuneration may be essentially thwarted: every man's word has influence; let it be exercised as he believes the persons under remark would themselves wish, at least with regard to their professional intentions.

It is by no means always true, that because a physician is living in comparatively easy circumstances, he is therefore careless of occupation. He may often, on the contrary, both earnestly desire, and really need it, to enable him to live. Because he has certain means, it should not be decided for him that he requires no more. Moreover, no one, especially no physician, should be an idle man—and can one, in these days, work for nothing? Too many do so for a long time. Professional etiquette demands that no one pronounce his fellow-practitioner a drone until he is *very sure* of it.



We conclude that every man in regular standing who writes himself Doctor, and places an intimation to that effect upon his door or the corner of his house, thereby signifies his intention to offer his services to the public, and his wish not to be considered a "retired physician," as we once heard remarked of a practitioner in this city, very erroneously supposed to be rich and indifferent to practice, because he had been twice to Europe (upon both occasions devoting most of his time to medical and surgical studies), and did not live at the corner of a noisy thoroughfare!

We do not think it worth while to do more than refer to the paltry tricks and unscrupulous measures, most frequently intangible and secret, by which patients are sometimes filched from those who have long devoted themselves to their welfare. In many nameless ways is this done by some, but, as we conclude that such persons cannot understand even the meaning of the word etiquette, and are sure that they ignore, practically, the terms right and wrong, honor and injustice, we leave them to their shuffling and grovelling courses.

In consultations there is peculiar opportunity for the exercise of true courtesy. These meetings of physicians are of two sorts—necessary and unnecessary—pleasant or disagreeable. They are necessary whenever the practitioner in attendance is in doubt and anxiety about his patient, and if the conduct of all the parties concerned be what it should be, they are then pleasant and advantageous. Frequently, however, there is no real occasion for them: the family physician feels competent to manage the case, and apprehends no danger. If a consultation be forced upon him, it is somewhat trying; the adviser may make it less so—very probably even delightful; or he may, by his manner, increase any embarrassment or unpleasant feeling already awakened. He has it in his power to advance or injure the reputation and skill of the one whom he meets. In both instances, how much depends on the etiquette observed. Perfect ease, however, is wholly consistent with its due observance; and such consultations not infrequently result in the formation of life-long friendships, while those of an opposite character beget everlasting dislikes. The junior practitioner has his part to play in rendering consultations agreeable, and this duty should sit gracefully upon him. More importance attaches to these arrangements than may generally be believed. The rule is easy of application: let all, in their frequent and needful intercourse, refer each particular set of circumstances to themselves as the persons interested, and consult the *heart* as well as the reason in these matters; we will answer for the good effect which will be visible in the exercise of high professional etiquette.

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#### CATHETERIZATION OF THE LUNGS.

A DISCUSSION of an interesting and important character has lately taken place in the New York Academy of Medicine, upon the feasibility of introducing instruments into the trachea and bronchi through the larynx, occasioned by a paper on this subject read by Dr. Horace Green. The paper was referred to a Committee consisting of Drs. Willard Parker, John O. Stone, I. Wood, B. F. Barker and two others, whose names are not given in the New York Times, from which we derive our information. This Committee made a majority and a minority report. The former state, that after having held five meetings, two at the office of Dr. Green and three at Bellevue Hospital, and having experimented on thirty-eight individuals, the whole Committee are satisfied that the operation is possible; in eleven cases the instrument entered without doubt into the trachea, as was evident to the

finger of the operator by local examination ; moreover, the symptoms manifested by the patient are unequivocal. In most instances, however, the instrument passed into the œsophagus. The rational signs are more to be relied on, in the opinion of the Committee, than the blowing out of a candle by expiration through the instrument, for distinguishing the situation of the tube, as the emission of gas from the stomach, when the catheter was in the œsophagus, might produce the same effect. The opinion of the operator, when not based upon these rational signs, is unreliable ; Dr. Green himself being repeatedly mistaken, according to his own confession. Much depends upon the character and form of the instruments. With a tube curved by a stylet to a form corresponding to a circle six inches in diameter, in 13 cases 5 failed, or 38 per cent. of failure ; which proves that the trachea may be entered with "a very considerable certainty." With a tube having a small curve, such as that used by Dr. Green, in 38 cases 35 failed, or 92 per cent. of failure. With the sponge probang, in 18 cases there were 18 failures, or 100 per cent. "The conclusion is, that the sponge probang, or slightly curved tube, cannot be made to enter the trachea, but, if largely curved, can ; that local application within the trachea is difficult, and rarely successful ; and whether an instrument may be passed at will into the right or left bronchus, the Committee leave to the Academy to decide from these facts. The Committee considered themselves excused from entering into the therapeutical value of the application, as proposed, on the grounds that they do not think it advisable to discuss a mere theoretical question."

Prof. Barker, the only other member of the Committee, then read a paper, stating his reasons why he could not sign the report of the majority. He quoted a large number of cases in which foreign bodies, some of them of considerable size, had passed with comparative ease into the trachea ; and after enumerating the difficulties of the operation, and showing that the width of the orifice of the glottis is seven-tenths of an inch in the male, and half an inch in the female, he contended that a sponge half an inch in diameter could surely be passed through this. Dr. B. also said that the experiments were not performed according to the requirements and under the restrictions made by the author ; that the Committee had chosen to ignore all other observations, and ended by reading several letters from unprofessional patients of Dr. Green, "the pith of which was, 'I was sick, and am now well.'"

We think that Prof. Barker has done more harm than good to his friend by this report. What the Academy wanted was the truth based upon *facts*, and that was all the Committee undertook to give. It has been denied that an instrument could be passed into the trachea through the larynx (there are men who will deny anything), and although few in this country doubt its practicability, it was desirable that the truth should be clearly established by a scientific investigation ; and this has been done. To Dr. Green we are immensely indebted for our acquaintance with this method of treatment of diseases of the air passages ; and if he is disposed to attach an undue importance to this kind of topical medication, and if his enthusiasm leads him at times to the verge of extravagance or exaggeration, it is only the natural result of an exclusive devotion to one subject. Time will correct the evil, and Dr. Green will be remembered, long after most of his opponents are forgotten, as the author of a most valuable application in therapeutics, without the need of letters from patients to give their *opinions* to a scientific assembly. The high character of the Committee, as well as the practical importance of the subject itself, commend the Report to the careful attention of the profession.



MASSACHUSETTS GENERAL HOSPITAL.

*The following Operations were performed during the week ending June 9.*

By Dr. WARREN: Operation for ununited fracture of the humerus; Eversion of the eyelid; Encysted tumors of face; Phymosis; Fissure of the palate.

By Dr. CLARK: June 5th—Operation for ununited fracture of humerus.

By Dr. H. J. BIGELOW: June 6th—Removal of tumor from orbit.

June 9th—Removal of tumor from below jaw.

*Boston Medical Association.*—The adjourned meeting for final action on the proposed alterations in the fee-table, took place last Monday afternoon. Several gentlemen took part in the discussion, and we regret that our limited space will not allow us to insert a full report of the proceedings. We regret to state that none of the proposed changes were adopted; and the fee-table remains as it was. On the question of the first proposition of the Committee, as amended by Dr. Channing (of a fixed fee of \$2 for an ordinary visit), a three-fourths vote being required, the motion was lost, although there was a considerable majority in its favor. A motion to postpone indefinitely the whole subject was then carried, and the Association adjourned *sine die*.

*Medical Miscellany.*—Dr. Bennett Dowler, Editor of the New Orleans Medical Journal, in alluding to the contributions of Dr. B. Haskell, of Rockport, to the Boston Medical Journal, on the vital endowment of nerves, says they contain "some of the best reasoned doctrines relating to the nervous system that modern times can boast of."—Arrangements are making for the erection of a hospital for the sick in the city of Knoxville, Tenn.—Dr. La Roche has been appointed Professor of Physiology and Pathology in the Memphis Medical College, in place of Prof. Quintard, who has entered the ministry recently in the Protestant Episcopal Church.—A prize of \$100 is offered to the physicians of Alabama, by the State Association, for the best essay during the present year on some medical subject.

*Books and Pamphlets.*—On the Nature of Malaria, and Prevention of its morbid Agency. By John Gorrie, M.D., of Apalachicola, Florida. New Orleans, 1855.—Second Report of the Managers of the Michigan State Asylums, for the years 1853 and 1854. Lansing, 1855.—Annual Catalogue of the Medical Department of Louisville. 1855.—Catalogue of Officers and Students of the Vermont Medical College; and Prof. W. H. Thayer's Introductory Address at the same College.—Transactions of the Medical Association of the State of Alabama.—Pustule Maligne, an Inaugural Essay for the degree of Doctor in Medicine. By Daniel Wadsworth Wainwright, of New York City. New York, 1855.

MARRIED—In Gloucester, June 14th, A. B. Hoyt, M.D., of Winchendon, to Lizzie C. Webster, of Gloucester.

DIED,—At Lawrence, Kansas, 29th ult., of chronic diarrhoea, Dr. H. Clark, formerly from Massachusetts, and late of Georgia, aged about 40.—At Kertch, in the Crimea, in April last, Dr. Courtney S. King, son of the late Col. W. S. King, of Charleston, S. C., aged 24.

*Deaths in Boston* for the week ending Saturday noon, June 16, 53. Males, 31—females, 22. Aneurismal varix, 1—accident, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 3—consumption, 7—convulsions, 2—croup, 3—dropsy, 1—dropsy in the head, 5—drowned, 1—debility, 2—infantile diseases, 3—puerperal, 1—dyspepsia, 1—erysipelas, 1—typhoid fever, 1—scarlet fever, 2—killed by drinking alcohol, 1—inflammation of lungs, 5—marasmus, 2—inflammation of umbilicus, 1—old age, 1—pleurisy, 1—rheumatism, 1—disease of the spine, 1—teething, 2—smallpox, 1.

Under 5 years, 25—between 5 and 20 years, 4—between 20 and 40 years, 11—between 40 and 60 years, 8—above 60 years, 5. Born in the United States, 36—Ireland, 14—Scotland, 1—British Provinces, 2.

*Cholera in New Orleans.*—The following extract from a communication by a physician, in the New Orleans Medical News, represents the prevalence of cholera in that city as much more extensive than we were led to suppose by the action of the city government alluded to in this Journal last week.

"Notwithstanding the fact that some of our daily newspapers are constantly proclaiming our city in the enjoyment of almost unprecedented health, all who do not wilfully close their eyes and ears to existing facts, *must* be aware that the cholera is in our midst, and is doing its sad work from one end of the city to the other; it is not true that 'the cases are principally confined to the upper and lower portions of the city, and are mostly attributed to the drought, which forces a change from rain water to the meagre supply by the hydrants;' the disease is to be found everywhere throughout the city, and although it seems to attack more children and negroes, still it is to be found amongst high and low. Editors of newspapers may attempt to deceive the people in the country, and, by their strangely mistaken policy, may succeed in throwing the unwary of our population off their guard, but the sad experience of every hour in the day teaches the mass of our citizens but too truly that the cholera is in our midst, and in all its strength."

*Hospital for Women in New York.*—A meeting of the friends and promoters of this new Institution, in Madison Avenue, was held on June 2d. There were present several distinguished clergymen and members of the medical profession, and nearly a hundred ladies. Addresses were made by the Rev. Dr. Francis, (Chairman), Dr. Horace Green, Dr. Gillman, Rev. Dr. Knox, Dr. E. H. Dixon, Dr. Sims and others. The hospital has been open about a month, and contains 19 patients.—*N. Y. Times*.

*Treatment of Nocturnal Incontinence of Urine in Children.*—Dr. Blaschko, of Freyenwalde, asserts that he has always succeeded in this infirmity by the use of a mixture of equal parts of Tr. Nucis Vomice and Tr. Ferri Acetici, in the dose of from 10 to 13 drops, twice every evening. In one case which resisted all treatment he resorted with success to a rotary battery; the conductor, a fine copper wire, being introduced into the meatus urinarius.

Dr. Huber, of Zurich, recommends a mixture of Ex. Nucis Vomice 1 part, and Oxyd. Ferri Nigri 48 parts, made into 24 pills, of 2 grains each, one of which is to be taken night and morning. Naeglele recommends Tannin in the dose of a grain, morning and evening.—*Gazette des Hopitaux*.

*Bischoff.*—This celebrated physiologist, so well known by his researches in embryology, is about to leave the university of Giessen for that of Munich. The latter institution will thus have deprived that of Giessen of two of its greatest ornaments—viz., Baron Liebig and M. Bischoff. We also learn the nomination of M. Lange of Heidelberg to the chair of midwifery in the Faculty of Medicine at Prague.—*Edinburgh Monthly Journal of Medicine*.—May, 1855.

*Flannel.*—An essay on the action of flannel in direct contact with the skin, and the influence it exerts in a physiological, pathological, and therapeutical point of view, has been published by Dr. Fiévée de Jeumont; the aim of the author being to direct attention to the indiscriminate use generally made of this material, without sufficient inquiry into the indications or contra-indications for its employment. Considerable importance is attached by him to the qualities of this substance in relation to electricity, believing, as he does, that its agency in this way is sufficiently powerful to exercise an influence upon the nervous system, calculated in some instances to induce a diseased condition there. However, in the employment of an article such as this, much must be left to the judgment and discretion of the medical man in attendance on the individual case, and although the remarks of Dr. Fiévée are interesting theoretically, it is questionable whether they may be of much service in practice.—*Gaz. Med. in Edinburgh Monthly Journal*, May, 1855.

*Sugar Secreted by the Liver.*—This function of the liver, pointed out some time ago by M. Bernard, is now called into question by M. Fiquier, Assistant Professor at the School of Pharmacy of Paris. The discussion is taking place before the Academy of Medicine, and has given rise to several clever papers. We may mention that Lehmann, of Leipzig, has lately made many experiments which would tend to strengthen M. Bernard's views, respecting the gluco-genic functions of the liver.—*Lancet*.



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ON THE THERAPEUTIC ACTION OF THE SALTS OF CERIUM IN  
IRRITATIONS OF THE ALIMENTARY CANAL,\* &c.

[From the forthcoming Work of Prof. Simpson, of Edinburgh.].

CHEMISTS are at present acquainted with forty-nine different metals. Preparations, in the form of oxides and salts, from seventeen of these metals, are to be found in our British Pharmacopœias. Most of the remaining thirty-two metals are of comparatively late discovery, and few, or almost none, have been tried medicinally. But, sometimes, the oxides or salts of some, at least, of these newer metals will, in all probability, be found to possess therapeutic qualities as marked as the preparations, that have been so long used, of the older-known metallic bodies.

In attempting to make some observations on the therapeutic character of the untried metals, I have been especially gratified by the results which I have found to be produced by the medicinal use of the salts of cerium.

This metal, cerium, or cererium, was first discovered in 1803, and almost simultaneously by Hisinger and Berzelius, and by Klaproth. It has been found by these and other chemists to exist in a variety of minerals, as the Edwardsite, Cerite, Euxenite, Gadolinite, &c. The Greenland Allanite is said to contain thirty-four per cent of cerium.

It is usually found in nature combined with two other metals, lanthanum, or lantanum, and didymium. In the complex process of separating the cerium from those two other metallic bodies, oxalic acid, or rather oxalate of ammonia, is employed in the last stage; and in the markets cerium is thus most readily procured in the form of an oxalate of the protoxide. In using cerium medicinally, I have generally employed the oxalate in the form of small pills, and in the dose of one to two grains, or a solution of the nitrate in water, and in the same proportionate doses.

The principal therapeutic action of the salts of cerium appears to me to be that of a useful sedative and tonic, or, if we may use

\* A short notice of the medicinal action of cerium, tellurium, &c., was read before the Medico-Chirurgical Society of Edinburgh, by Dr. Simpson, Nov. 15, 1854. See Edinburgh Monthly Journal, December, 1854, p. 564. (Editors of Dr. Simpson's works.)

such an expression, "sedative-tonic"—like the pharmaceutical oxide and salts of silver and bismuth. I have employed it pretty extensively in the treatment of the class of cases described in the preceding paper, chronic intestinal eruptions, and occasionally with the most marked good effect in them, in instances that had resisted all other forms of treatment. It is often useful also in common cases of irritable dyspepsia, gastrodynia, &c. In my own practice, and in that of others, I have seen the above preparations of cerium succeed in at once allaying irritable and obstinate vomiting after all other means had failed. Sometimes I have observed it fail, like all other remedies, in giving relief in the sickness and vomiting of pregnancy; but far more frequently I have found its employment accompanied by direct beneficial effects; and I have now repeatedly had occasion to see it both immediately and perfectly successful in some cases where the usual succession of medicines—prussic acid, naphtha, opium, bismuth, ice, &c., had all been previously and perseveringly tried in vain.—(April, 1855.)

#### PUERPERAL FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE been much interested of late by communications made to the Journal on puerperal fever, and will give you a few more facts on the same disease as I have seen it in the town of Pomfret, a healthy, hilly, agricultural district in Eastern Connecticut.

Between 1820 and 1840, this disease was much more frequent than it has been for the last ten or twelve years; and with one exception only in thirty-five years it has always been confined to single cases, without any disposition to spread or extend, either by contagion or as an epidemic. But in the last week of December, 1842, it attacked four women in the following order:—

- 1st. Mrs. Adams, confined December 23d, died December 27th.
- 2d. Mrs. Aldrich, " " 27th, recovered.
- 3d. Mrs. Hubbard, " " 29th, died January 2d.
- 4th. Mrs. Howland, " " 30th, died January 12th.

They were all wives of farmers residing in different parts of the town, and previous to confinement were all in good health. They were all from 30 to 40 years old, and all had borne children previously. Their labors were perfectly natural, and they remained comfortable from 24 to 36 hours after delivery, and then were seized with that *horrid chill* which usually is the first indication of what may be expected to follow.

As respects the question of contagion, or whether the disease was conveyed from one patient to another, I must leave the reader to draw his own conclusions. Suffice it to say, I avoided obstetrical practice for a few weeks, and when it was resumed had no more of the disease.



The nurse of Mrs. Adams (where the fever commenced) was attacked in a day or two after her death with erysipelas of the head and face, so severely as to be disfigured considerably, yet finally recovered. In the other families nothing of the kind took place.

HIRAM HOLT, M.D.

*Pomfret, Conn., June 8th, 1855.*

#### ON THE OPHTHALMOSCOPE.

[Communicated for the Boston Medical and Surgical Journal.]

DR. J. H. DIX, of Boston, presented to the Suffolk District Medical Society, at its last meeting, the ophthalmoscope of Helmholtz, as improved by Coccius, and explained the method of using it for the exploration of the textures of the globe of the eye posterior to the iris. He spoke of it as an instrument destined perhaps hereafter to throw some light upon the pathology of these textures. He considers it to be an instrument capable of great harm when injudiciously used. Pain may be induced in an eye, the vision of which is wholly extinct, by exposure to it for four or five minutes, a longer period than which should never be occupied in one examination. The greatest, and probably the only practical advantage at present attainable by the instrument, is the sparing of the patient a useless and harassing treatment in some cases of amaurosis of which the ophthalmoscope may demonstrate the cause to be irremediable organic change of texture of the retina. In reply to a question by Dr. Durkee, Dr. Dix said that for a full examination of the internal texture of the eye it is necessary to dilate the pupil previously, those cases only excepted in which the crystalline is wanting.

#### ON THE INDICATIONS OF TRACHEOTOMY DERIVED FROM THE PRESENCE OF FOREIGN BODIES IN THE AIR-TUBES.

BY M. CHASSAIGNAC.

TRACHEOTOMY is indicated whenever there is imminent danger of suffocation, produced by a material obstacle to the passage of air through the trachea.

Two classes of causes may give rise to this result: on the one hand, foreign bodies; on the other, a numerous series of affections which necessitate the establishment of an artificial channel for the introduction of air into the lungs.

First of all, I shall say a word as to the suitable moment for the performance of the operation. First, in cases in which there is absolute certainty of the existence of a foreign body in the trachea, the rule is to operate instantly, if the other means we possess of producing the expulsion of such a body have proved inefficient;

taking care not to leave the patient should there be unavoidable delay in commencing the operation. Secondly, in every other case than that of the presence of a foreign body, it is the degree of asphyxia of the individual which must direct us as to the rapidity with which we should act.

Why this urgency for operation in the case of foreign bodies? Experience has shown that every individual who has a foreign body in the trachea is exposed to the danger of immediate suffocation, even when there may at the present moment exist no serious symptom, no very manifest impediment to respiration. But this individual—who just now appears so calm, whom you should be tempted to leave to himself until some new occurrence should arise to force you, as it were, to action—this individual may, all on a sudden, in a fit of coughing, and by a simple displacement of the foreign body, be attacked with an imminent asphyxia before you should have time to reach him. I am aware that an indefinite temporization has been advocated. This system owes its adoption to a very learned work of M. Mondière of London, who has collected a certain number of cases of individuals having foreign bodies in their air-passages, and who, not having been operated on, have notwithstanding survived and completely recovered, after having for a greater or less number of years retained the bodies in question. But, in the first place, these facts have reference to the, in some degree, chronic side of the question. They by no means prove that what I affirm does not exist; that is to say, the imminent danger of fatal suffocation. In the investigation of facts analogous to those mentioned by M. Mondière, the cases of death have been passed over, and they are numerous, which occur in the first periods after the introduction of foreign bodies into the air-passages. Thus, an argumentation based upon facts of this nature can lead to no conclusion with respect to what we may call the acute state.

Now I say, that even with regard to their chronicity, the facts quoted by M. Mondière do not establish the expediency of surgical non-interference; and it is sufficient to read with some attention the otherwise very curious observations he brings forward, to see that it is only through numberless accidents, which have long placed their lives in peril, that the sufferers have succeeded in reaching a spontaneous cure. Thus my assertion continues absolute on this point: from the moment a foreign body is in the trachea and a surgeon is summoned, he ought forthwith, by some means or other, to effect its removal; or if he is unwilling to resort immediately to tracheotomy, he ought to remain uninterruptedly with the patient, as he would otherwise leave him in danger of death.

It is not my intention to specify in this place the numerous varieties of foreign bodies which may penetrate into the air-passages. This enumeration, which we have in all standard works, would here be superfluous. I shall merely mention, among the divisions which might be established, that which seems capable of



giving rise to practical indications ; I mean the division of foreign bodies into soluble and fixed. It is evident, in fact, that when a rapidly soluble foreign body has got into the air-tube, the surgeon may abstain from performing tracheotomy ; on condition, however, that he does not leave his patient, and that he be prepared to act in case the solution of the body being delayed, suffocation should become imminent and seriously endanger life.

I shall, however, remark, that where the foreign body, consisting of a substance analogous to a pin or nail, should be perceptible through the trachea and integuments, we might dispense with tracheotomy, cut down directly on the body in question, and extract it by seizing it by one of its extremities.

In this question of foreign bodies, three points alone interest the practitioner :—Is there a foreign body in the air-passages ? Ought it to be extracted ? By what kind of operation ought it to be extracted ?

It is often very difficult to attain to absolute certainty as to the existence of a foreign body in the air-passages. The history of the case, which is capable of furnishing valuable information on this subject, cannot always be obtained ; and on the other hand, the causes of symptoms analogous to those which the presence of a foreign body in the air-passages may produce, especially in children, are sufficiently common to give rise to serious doubts. It will, therefore, be useful to recapitulate the circumstances calculated to elucidate this part of the diagnosis. These are, first, convulsive and jerking fits of coughing ; secondly, a fixed pain, which the patient refers to the part of the air-passages in which the foreign body is situated ; thirdly, the tremor (*grelottement*) perceptible to the ear and to the hand, a sign on which Dupuytren has laid much stress ; fourthly, the existence of a deep, dull, and general pain ; fifthly, impeded respiration in one side of the chest ; sixthly, in fine, diminution, or even complete cessation, of vesicular murmur in the same side, coincidently with persistence of normal resonance on percussion.

From the combination of these signs we may ascertain, if not always, at least in a certain number of cases, not only that a foreign body is present in the air-passages, but we may also determine its exact situation.

Ought the foreign body to be extracted ? I have already sufficiently dwelt on the consideration of this question.

By what kind of operation will it be advisable to extract the foreign body ? The opinion I hold on this point differs so much from what has hitherto been taught, that I shall be obliged to enter into some details.

I begin by laying down that in all cases, and whatever may be the present situation of the foreign body, tracheotomy must immediately be had recourse to. On this point there could not be the shadow of a doubt in those cases in which the foreign body exists in the trachea or bronchial tubes. For the idea of withdrawing

through an opening in the larynx, bodies so situated, can have occurred only to surgeons who have never sufficiently reflected on the anatomical construction of the parts, or on the difficulties of the operative manipulation. But if, as we have had instances, the foreign body should be fixed in the larynx, whether above or below the glottis, or even in the ventricles, would not one or other species of laryngotomy be fairly indicated? Such is not my opinion; and I think that it is even then to tracheotomy that we must have recourse. In the first place we must bear in mind that during an operation such as consists in extracting a foreign body contained in the larynx, numerous causes of suffocation may arise: the flow of blood, or even the falling into the trachea of the body we wish to withdraw from the larynx.

I say, then, that we must above all provide for the security of the respiration; and this can be done only by having a tracheal opening, admitting, if necessary, of the introduction of a canula, that the surgeon may give all his attention to the delicate operation he has to perform on the larynx. On the other hand, we should observe that through the opening formed in tracheotomy we may completely remove from below upwards certain foreign bodies arrested in the larynx, or repel them into the pharynx or the cavity of the mouth.

Thus I say, that we must in all cases adopt tracheotomy: first, because if the foreign body occupies the trachea or bronchi, it is the only operation that can be entertained; secondly, because in the case of foreign bodies in the larynx, it is better adapted than laryngotomy to attain our object; thirdly, in fine, because in cases in which the absolute necessity of acting directly on the larynx may have been recognized, the tracheal opening plays the part of a safety-valve, calculated to protect the life of the patient during the course of a delicate and difficult operation, the execution of which is facilitated by preliminary tracheotomy.

Foreign bodies retained in the pharynx, and especially in the œsophagus, may become a cause of asphyxia so imminent, that if it should be impossible to extract them instantly we must have recourse to tracheotomy to fulfil the most urgent indication. In this we follow the example of Habcot, who opened the air-passages in a young man threatened with suffocation in consequence of having swallowed some pieces of gold enclosed in a linen cloth.—*Moniteur des Hôpitaux*, in *Dublin Quarterly Jour. of Med. Science*.

#### ON THE CHLORIDE OF ZINC AS A CAUSTIC IN CHANCRE.

BY JAMES H. CONWAY, M.D., RICHMOND, LA.

FOR several years I have been in the habit of using the chloride of zinc as a caustic to chancres, to the exclusion of all other agents of the kind; and although I do not claim originality in the use of a remedy so well known to the profession, yet its application was



first suggested in the fall of 1852 by a case of most obstinate chancre, in which it proved so efficient a remedy that I determined to try its effects in cases which would probably yield to the caustic usually employed and highly extolled by Ricord—namely, the nitrate of silver.

In the case alluded to, the chancre was situated immediately behind and below the glans penis, nearly perforating the frænum, and so deep as to cause the apprehension that the urethra would be finally opened, and hypospadias established. After trying a variety of caustics, I finally determined to resort to the chloride of zinc, which was applied but once, and in a few days followed by complete cicatrization of the ulcer. Since then I do not think that I have used any other agent, except in two instances. In the first I employed the nitrate of silver and afterwards the chloride of zinc, for the purpose of ascertaining the relative amount of pain produced by either, and the patient declared that the latter was the less painful. Certain it is, that the aggregate amount of pain is less from the chloride of zinc, as it is rarely necessary to apply it oftener than once, whereas the lunar caustic, however freely you may use it, generally requires repetition.

In the other case, which I have now under treatment, I have not been so successful with the chloride of zinc; though the ulcer, which is situated upon the external portion of the prepuce, is non-indurated, irritable, bleeds upon the slightest touch, and indeed does not present all of the characteristics of chancre. In consequence of its position, whenever an erection occurs, the surface is stretched and torn, so much so, that afterwards the dressings are covered with blood. The indications in this case were certainly not for caustics or stimulant applications of any kind, but for a soothing plan of treatment, under which he is now improving. But he had had a suspicious connection, and although subject to herpes præputialis, this ulcer had persisted so long, nearly three weeks, as to induce him to apply for medical aid. And after hearing the history of his case, and though doubtful of my diagnosis, I thought it best to attempt at once the destruction of the ulcer, which might prove to be syphilitic, and accordingly applied, with that view, the chloride of zinc. Having treated, probably, thirty chancres with this remedy, I can truly assert, that this is the only case in which I have used it, that it has not been followed, after applying it once, and rarely oftener, by the most happy results. In this instance, however, I do not attribute the want of success to the remedy, but to the fact that it was contra-indicated.

The manner in which I apply it, is by making a saturated solution, or, as it is exceedingly deliquescent, by exposing a small quantity to the air; it becomes dissolved, and then by means of pieces of paper twisted to a point and filled with the solution, the chancre being wiped dry, it is applied, and again wiped to prevent its spreading. The application is repeated, until a white eschar is formed, and then dressed with dry lint. If, however, it has been

too freely used, I mop or swab the part with water, which readily dissolves the superfluous quantity applied.

I should scarcely think my experience in the use of this agent worthy of record, were I not fully convinced of its utility. Believing the first indication in the treatment of syphilis to be the destruction of the chancre, the source of the poison to the general system, I do most cordially recommend it as the best preventive of constitutional syphilis, even in many respects superior to the knife.—*Virginia Medical and Surgical Journal*.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

MARCH 12th.—*Fatty Degeneration of the Gastrocnemii Muscles*.—Reported by Dr. JACKSON and the specimen exhibited. The change could hardly have been more complete; and was the result of an extensive ulcer of the leg consequent upon an injury about six years ago. The limb was amputated by Dr. Martin, of Worcester, and was sent to Dr. J. by Dr. J. E. Hathaway, of the same city.

MARCH 26th.—*Unusual Disease of the Stomach*. Dr. J. B. S. JACKSON. The general appearance was that of a malignant affection, and yet it was quite different from common scirrhus or encephaloid; moreover, cancer cells were not shown by the microscope. The organ was contracted, thick, and fleshy to the feel externally; and the disease extended to every part of it, but not beyond the orifices. The muscular coat was very much thickened, but had scarcely the density of scirrhus. The sub-mucous cellular membrane was about equally thickened, but not uniformly so; and the result was that the inner surface of the organ was more or less thrown into prominences or knobs, the disease at these parts being most advanced. The mucous membrane was generally dark, and at the elevated portions was decidedly red; it was also at these portions blended with the cellular tissue beneath, as the skin is with the subjacent parts above an old ulcer externally. In the large curvature, and midway, was an ulcer about an inch in diameter, with defined, thick and firm edges, and penetrating through the whole thickness of the organ; externally a part of the omentum adhered firmly, so as to just close the opening, but without being thickened; and, perforation through it having taken place, there was found on dissection an extensive peritonitis. The other organs were healthy.

The patient, whom Dr. J. had known for some years, was always a miserable-looking little old man; æt. 55. Entered the Hospital Feb. 27th; very feeble and greatly emaciated. For six months he had had pain and oppression of the stomach, vomiting of food and sometimes of blood or coffee-grounds matter; appetite good; very costive for three months, but not before; a tumor at the epigastrium for the last six weeks. After his admission, and until his death, which occurred on the 20th of March, the local symptoms were never urgent; and there was at no time any tenderness over the abdomen, nor any other indication of peritonitis. The tumor was 2½ or 3 inches in diameter, just below the cartilages, entirely to the left of the median line, quite dense and superficial to the feel, and with a perfectly-defined edge inferiorly; it felt like the left lobe of the liver, and there was



always a question whether that was not the seat of the disease. The tumor, however, was felt once to rise under the hand, when it was being examined, as from a peristaltic action; and this would be an important indication in such cases, as tending to show that the stomach was the organ affected.

MARCH 26th.—*Abscesses about the Rectum, with Ulceration of the Large Intestine.*—Dr. J. B. S. JACKSON reported the case. The patient, a female, æt. 44, entered the Hospital, March 6th. Had had dysentery for six months; from four to twelve dejections daily, with pain and tenesmus. Gave up work six weeks before admission, and had kept her bed four weeks. Much reduced, and sank gradually until the 18th, when she died.

The abscesses were between the rectum and sacrum, extending three inches or more, upward from the lower extremity, and were altogether in a chronic, fistulous state; opening freely into the intestine, but not externally. The ulceration began in the arch of the colon, and increased towards the rectum, where it became continuous. The other organs were healthy.

*Granular Kidneys, with Simple Hypertrophy of the Heart.*—Dr. ELLIS showed the specimens, and related the case.

The patient was a young man, 25 years of age—a manufacturing dentist. A year before his death, he had a convulsive attack, for which no cause could be assigned. He was then seen by Dr. Davenport. His general health was at that time pretty good, but it soon began to fail. The epileptic paroxysms became more and more frequent, he lost strength and color, and was occasionally troubled with dyspepsia and constipation. Three weeks before death, his urine was examined and found to be highly albuminous. When 10 years of age had “dropsy,” but none since. Five weeks before death he was attacked with pneumonia, from which he recovered. The pulse was generally rather feeble, and at times unusually slow, perhaps 40. He finally died in a convulsion on March 19th.

*Autopsy*, 19 hours after death. Present Drs. Davenport, C. D. Homans and J. P. Reynolds.

*Brain.*—In the cortical substance, about an inch below the upper surface of right hemisphere, was a small purulent deposit; no softening nor other change of cerebral substance around it. Quantity of serum in lateral ventricles greater than usual.

*Pleura.*—Pleural surfaces on both sides adherent by means of old, delicate false membranes.

*Lungs* not remarkable. Right, perhaps, more congested posteriorly than left. A thin, irregular layer of lymph upon pericardium. Heart decidedly larger than usual, the hypertrophy being most marked in the walls of left ventricle. No valvular lesion.

*Liver.*—In the right lobe of liver, seen through the capsule, was a purulent deposit as large as a pea. No phlebitis was anywhere noticed, but the veins were not examined with reference to this point. Organ otherwise not remarkable.

*Spleen* normal.

*Stomach* natural, as were also the intestines externally, but the latter were not opened.

*Kidneys* very small; imbedded in fat. Surfaces, after the removal of the capsule, presented a decidedly granular appearance, the elevations being of a dull, opaque white color. Between these granulations were red vascular points. These white portions appeared firmer than the substance of the healthy kidney, and under the microscope their structure was more

fibrous than usual. No fat. The tubuli seen were filled with a granular matter, which replaced or obscured the epithelium.

Dr. BETHUNE, in connection with the above case, referred to a late article by Dr. George Johnson (*British and Foreign Medico-Chirurgical Review*, January, 1855), in which two kinds of alteration are described as illustrating Bright's kidney; viz., the "large white," and the "granular atrophied" kidney. In the latter form there is more urine, and dropsy is less frequent.

Dr. J. B. S. JACKSON asked Dr. Ellis how often he had observed the form of degeneration termed "large white kidney"? He (Dr. J.) had only seen it once. We often find renal disease post-mortem without the least suspicion of its existence during life. In one instance where a man was accidentally killed, much disease of a granular degenerative nature was discovered after death; none had been indicated, or even thought of, during life. Dr. J. also mentioned that in many instances where the kidneys exhibited abundant fatty transformation, he had found that a thin section (tested as fatty liver is, occasionally, by laying a delicate slice upon white paper and applying heat) would yield no sign of grease. The microscope, however, showed fat very distinctly.

Dr. Ellis replied to Dr. J.'s question as to the frequency of the "large white kidney," that he had very rarely seen examples. Fat had been found by him in the kidneys of a diabetic patient, while those glands, in another who had Bright's disease, showed no trace of fatty degeneration.

MARCH 26th.—*Scirrhus Breast*. Dr. SHAW exhibited a diseased mammary gland, removed by Dr. James Deane, of Greenfield. The disease invaded every portion of the gland, and consisted of a dense, whitish, scirrhus mass, interspersed with grayish, granular matter. No normal glandular structure. Typical cancer elements seen under the microscope. The surface was studded with hard nodules of the size of a buck-shot, which proved to be scirrhus. The nipple had disappeared, but in place of it was an opening from which exuded a milky juice, presenting similar cancer elements to those found in the interior.

Dr. Shaw remarked that this milky fluid might have been examined before the operation, had there been any doubt as to the diagnosis.

*Spontaneous Laceration of the Aorta*.—Reported by Dr. ELLIS. The patient was a physician, 59 years of age, whose general health had always been good. On the 20th of March, towards evening, while visiting a patient, it was noticed by the latter that he suddenly became pale. On being asked if he felt ill, he replied, with his hand upon the left breast, "I feel disagreeably here." He then rose, removed his overcoat, threw himself upon a bed in the apartment, requested them to send for a physician, and immediately became insensible. Dr. Hayes reached the house in about three minutes, and found him lying upon his side, perfectly unconscious, with a pallid countenance, labored respiration, stertorous breathing, and some frothing at the mouth, from which the livid tongue protruded. The skin was cold, the pulse hardly perceptible. For a moment he ceased to breathe, and life was thought to be extinct, but after a slight convulsive struggle respiration returned. About 3v. or 3vj. of very dark blood were then taken from the arm, and an emetic and enema were administered, both of which operated. He continued insensible for a number of hours, during which time there was considerable jactitation. He spoke, however, during the night, and from that time gradually improved, so that in two or three days he was able to converse with those around him. The pulse, notwith-



standing, never rose above 40, and was felt less distinctly in the left arm than in the right, being at one time, soon after the attack, imperceptible in the former, while felt in the latter. The right arm was nearly or quite paralyzed at first, but he partially recovered the use of it in two or three days, and finally was able to place it upon his head. There was never any dyspnoea, he slept well, had no pain, and from the first to the last stated that he felt perfectly easy. The heart was not auscultated, and it was only after being questioned, on the day before his death, that he spoke of some internal "uneasiness" in the chest. On the 25th, five days after the attack, while lying upon his side in bed, a person in the room told him he was looking quite well. He replied, "I improve very slowly." A slight struggle was then noticed, and he died immediately.

Two days before the sudden seizure mentioned, in attempting to sit down, he missed the chair, and fell heavily upon the floor. Though the shock was pretty severe, the accident attracted no great attention, as he was able to attend to his business as usual.

His father and a younger brother died of apoplexy. Another brother, aged 64, and a sister aged 60, also died suddenly with well-marked cardiac symptoms.

The above particulars were mostly obtained from Drs. Thompson and Hayes, who, with Drs. Whiting, Mason, and several other physicians of Charlestown, were present at the autopsy, which was made 20 hours after death.

*Autopsy.*—Some bluish discoloration of face. Cadaveric rigidity well marked. Body large and robust. Vessels of scalp and cerebral membranes well filled with blood. Brain normal. A slight puckering of surface at apex of left lung, and in the substance beneath were a few bluish-white miliary granulations. Lungs in other respects normal. Pericardium covered with a thick layer of fat; distended by about  $\frac{3}{4}$  of serum, and a large, black, gelatinous coagulum, from half an inch to an inch in thickness, surrounding the heart and great vessels, and of such consistence that it was removed almost entire, still retaining the impression of the parts with which it had been in contact.

The external surface of heart was covered with a layer of fat two or three lines in thickness. Organ quite flaccid, and lining membrane of right cavities stained by blood, which had probably escaped after the removal of the brain, an unusually large quantity flowing from the vessels at the base of the skull. A few small atheromatous spots on and near the mitral valve, not sufficient to interfere with its action. Externally, the ascending aorta, for some distance above the heart, was of a blackish color. At the point where it is covered by the appendix of the right auricle was an opening, perhaps a line in diameter, through which the blood had evidently escaped into the pericardium. Instead of the arteria innominata, two large branches arose from the aorta. On opening the vessel there was found in the posterior wall, just below the brachio-cephalic trunks, a longitudinal angular laceration of the inner and middle coats, two inches in length, with rough serrated edges. Through this large opening the blood had forced its way, between the external and middle coats, downward as far as the iliac arteries, upward into the brachio-cephalic vessels, on the right side, and in the direction of the heart, near which, as has been seen, it burst into the pericardium. It also infiltrated the cellular tissue outside of the descending aorta to a point six inches below the laceration, the discoloration of this tissue immediately in contact with the vessel being noticed before the re-

removal of the latter. The internal surface of the ascending portion of aorta was sufficiently healthy. In the arch were two or three small atheromatous spots, but not immediately in the line of the rupture; below, the morbid deposit was more abundant and the patches larger. In no place, however, was the disease as marked as in many cases where no accident has taken place.

Much fat about the abdominal organs and in parietes. Spleen of large size and rather soft. Liver congested. Kidneys large and lobulated. Cortical substance much thicker than usual. Stomach somewhat more vascular than in the majority of cases, but otherwise not remarkable. Intestines not opened, but externally normal.

Judging from the symptoms in the case, and the post-mortem appearances, it seems probable that the rupture in the arch took place when he was first attacked, and that the opening into the pericardium immediately preceded his death.

Dr. J. B. S. Jackson referred to six cases of spontaneous laceration of the aorta which he had seen, and has since given some further particulars in regard to them.

The subjects were all males; and their ages were 19, 33, 41, 56, 56 and 60. In one the death was probably instantaneous; in three, the patients lived respectively 5, 9 and 19 hours after the laceration; and in the two others life must have been prolonged for some months, judging from the anatomical appearances and from the symptoms. The duration in these two last was quite undetermined; as, besides being evidently a chronic affection, it was complicated, in both, with grave disease of the heart. The laceration in four cases was just above the valves; in one, about half way to the arch, and in one, it was two inches beyond the left subclavian artery. In the latter, which was one of the chronic cases, death occurred almost instantaneously from a rupture of the aortic sac into the pleural cavity. Further, in this last, there was, of course, no opening into the cavity of the pericardium; nor was there in the other chronic case; and neither was there in two of the other cases which were recent. The laceration in every case was transverse, or nearly so; extending, in one, in a somewhat spiral direction, and considerably more than around the entire circumference of the aorta.—In two, the coats of the artery were dissected up, the outer from the inner, as far as the arch, and there the inner coat was again broken through, so that the two canals were re-united; a fact that does not seem to have been generally, if at all, noticed in reported cases. In the case of the lad, the laceration extended at least as far as the arch; but there the artery was cut off. In the case in which it took place just beyond the arch, it extended downward six inches: and in the two last, it extended in one as far as the iliacs, and there the two canals were re-united; in the other the fact, unfortunately, is not stated in the record of the case, but it may be very positively stated, from memory, that the stripping up of the outer coats extended nearly or quite to the iliacs.—A remarkable fact in these cases was the slight amount of disease of the aorta that existed; the parietes being generally quite healthy where the laceration occurred. In the lad, it so happened that the parietes were slightly diseased.

Dr. J. alluded to a drawing of a "double aorta" that he saw hanging in the Museum at the School of Medicine in Paris, three years ago; and that, he thought, was without doubt one of these cases of laceration.



### Bibliographical Notices.

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*De l'Inflammation du Tissu qui environne la Matrice, ou du Phlegmon Péri-Utérin, et de son Traitement.* Par T. GALLARD. (*Thèse pour le Doctorat en Médecine.*) Paris, 1855. 4to. Pp. 44.—(*On Inflammation of the Cellular Tissue surrounding the Womb, or Peri-uterine Phlegmon. Thesis for the degree of Doctor of Medicine.* By. T. GALLARD.)

Dr. Gallard's name is already familiar to our readers as the reporter of some valuable lectures by Valleix, on Displacements of the Uterus, which first appeared in the *Union Médicale*, and which were translated for this Journal by Dr. L. Parks, Jr., of Boston. The disease which forms the subject of the present essay has hitherto escaped the methodical investigation, or at least, description, of most authors on the diseases of women. Following Dr. J. H. Bennet, of London, the author divides the subject into inflammations complicating the puerperal state, and those unconnected with parturition, confining himself to the consideration of the latter. The affection occurs chiefly during the menstrual period of life. Parturition and abortion appear to be remote predisposing causes, as well as unusual accidents occurring at those times, such as the use of instruments, exposure to cold and fatigue soon after delivery, &c. Women who have never become pregnant, may, however, be attacked by the disease. The immediate causes are obscure, but appear to consist in part of sexual intercourse, or other excitement, during menstruation, especially where there is menorrhagia. The use or abuse of the uterine sound is thought by M. Valleix to be an occasional exciting cause. The seat of the disease may be anterior or posterior to the uterus, most commonly the latter, and occasionally on one side only. The general symptoms are disturbance of the functions of digestion, circulation and menstruation, with uneasiness and pain in the pelvic region. There is much prostration; the pulse is rapid; the skin warm; the face pale and anxious. The occurrence of sweats indicates the establishment of suppuration. The decubitus is generally dorsal, sometimes inclined to one side; the limbs are semi-flexed. The appetite is diminished, or gone; thirst increased; bowels costive. The catamenia are sometimes suddenly suppressed, but generally increased, sometimes to a great amount. Leucorrhœa is constant. There is much pain in the pelvis, which sometimes assumes an expulsive character, and in fact uterine contractions take place, as the organ expels the coagula which form within it. These pains are increased by pressure, by defecation, micturition, and especially by walking. A digital examination shows the interior of the vagina to be of increased temperature. In the vicinity of the cervix uteri, generally behind it, is felt a tumor which is usually round, smooth, pulsating and tender. When it occupies its usual position, this tumor may be felt *per anum*. By the employment of the sound, the disease is found to be unconnected with the uterus. The disease may terminate by resolution or by suppuration. The latter event is rare, except in the puerperal state. The prognosis is generally favorable, except when suppuration takes place. The treatment is antiphlogistic in the beginning, though the author recommends caution in the employment of blood-letting. Purgatives are a valuable means of arresting the disease. Lotions, baths, opiate injections into the vagina and rectum, and blisters dressed with the salts of morphia, are useful adjuvants. In case of suppuration, an opening should be made early in order to prevent

the pus from discharging itself into the cavity of the peritoneum. If possible, the puncture should be made from the vagina.

From this imperfect analysis of the work of M. Gallard, we think our readers will agree with us that it is a valuable monograph on a disease hitherto imperfectly known.

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*Pustule Maligne, an Inaugural Essay for the Degree of Doctor of Medicine.*

By DANIEL WADSWORTH WAINWRIGHT, of New York City. New York, 1855. Pp. 32.

This is a tolerable essay for a thesis, but the author would have been much wiser if he had not printed it.

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*Transactions of the Medical Association of the State of Alabama, at its Eighth Annual Session.* Mobile, 1855. Pp. 148.

The appearance of this well-printed pamphlet is highly creditable to the medical profession of Alabama. It contains the proceedings of the meeting, the addresses of the President (Dr. L. H. Anderson), Dr. W. Taylor and Dr. M. Troy, nine reports, and four other papers on medical subjects, some of which are of an elaborate nature. We have not been able to give the work an attentive perusal, but from such portions as we have read, we believe these Transactions to be a valuable contribution to our national medical literature.

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*Address before the Vermont Medical College, introductory to the Lectures of 1855.* By WM. HENRY THAYER, M.D., Professor of the Principles and Practice of Medicine. Published by the Class. Woodstock, Vt., 1855.

This address is replete with wise council to the young aspirant in medicine, pointing out the best method of laying a sure foundation for professional wisdom and usefulness. Professor Thayer lays more stress than is commonly done on the advantages to be derived from preparatory studies, especially logic, natural philosophy and the philosophy of the human mind, as the means of strengthening and improving the reasoning faculties.

"The reasoning faculties need a more particular education than they would receive incidentally in the studies of mathematics and natural philosophy. The exercise of a system of logic may very profitably enter into the course preparatory to the student's entrance upon the science of medicine. Its applicability to the consideration of great questions of universal interest, such as the nature and operation of epidemics; the question of contagion, in its relation to communities and individuals, with the influence and necessity of quarantine regulations and sanitary cordons;—these, and many other subjects, call for the aid of well-educated logical powers. Their need is felt as well by every physician who attempts to draw an inference from his collected observations of disease; and there is more than one eminent example of men, who, with the best faculty for observation, and the most untiring perseverance in accumulating statistical facts, are unable to make those facts of any use to science, for the want of a logical power or a logical habit of deduction."

The author also enlarges on the importance of careful observation in medicine, and of accurate diagnosis. We heartily commend the address to the young practitioner, as well as the student, confident that it will amply repay the perusal.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, JUNE 28, 1855.
 

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## BOSTON LYING-IN HOSPITAL.

THE new building of this Charitable Corporation being finished and recently opened for the reception of patients, we are enabled, through the courtesy of Dr. J. Mason Warren and William H. Foster, Esq., of the Board of Trustees, to lay before our readers a description of it, the result of our personal inspection. For many years the hospital has occupied a wooden building in Washington street, of very limited and inconvenient accommodations. By the exertions of the Trustees, a sum of money was raised sufficient to erect the present edifice, which we believe to be unsurpassed for stability of structure, perfection of ventilation and warming, and beauty and convenience of design.

The building is situated on a lot of land 200 feet square, between Springfield and Worcester streets, having a frontage on each. It is a parallelogram in outline of ground plan, designed with two stories resting on a "stylobate" containing a third, or basement story at a level with the ground line, beneath which is a cellar entirely below ground. The three stories are crowned with a "mansarde" roof, enclosing an attic story, thus giving four complete stories within the structure, besides the cellar. The basement contains the kitchen, wash-room, laundry, dining-room for the matron, sleeping-room for servants, porter's room, besides pantry, closets, water closet, &c. In the kitchen, wash-room and laundry, the apparatus for cooking, washing and drying, are of the most modern and perfect construction throughout. The coils of pipe connected with the heating apparatus of the building are also placed in the basement story. The cellar contains the furnace and boiler, with ample room for storage, fuel, and other needful purposes.

The first or principal story contains a Trustees' room, matron's parlor, patients' dining-room, two lying-in rooms, a nurse's room, and three wards for patients, each 16 by 20 feet, intended for five beds in each ward, besides six closets, two water-closets and a bathing-room. A wide corridor passes through the centre of the width of this story, the entire length of the building, connecting with the vestibule inside the principal entrance, and with the principal staircase, which is placed at the rear end of the building, extending from this story to the attic. These stairs are square, with level landings, and a large central well-room. They are exceedingly massive, built of the finest materials and easy of ascent. The effect of this fine staircase, seen through the wide and spacious corridor, taken in connection with the liberal height of this story, is most striking. There are separate stairs for the family and servants in a side entry in the south-west corner of the building.

The second story contains a patient's dining or sitting room, lying-in room, matron's chamber, nurse's room, private room with dressing room for first class patients, three wards, each to contain five beds, bath-room, water-closets, &c. The third, or roof story, has three wards of five beds each, and four other apartments, suitable for wards or sleeping rooms, water-closet, and nine clothes closets. The peculiar form of the roof renders this story of liberal height and equally useful as either of the lower stories. Besides the apartments above-named, there are two small rooms for the storing of

bedding. The conveniences of bells, speaking tubes and enunciator, are liberally supplied in the several stories, and are all under the control of the matron and nurses.

The exterior construction of the building is of brick, the finest pressed brick being used for the facing of the walls. A sand-stone base, steps, &c., are appended to the brick work on the four sides of the building. The entrance portico is of brick, with arched openings supported by square piers on the free-stone platform and steps. The interior construction is of wood, plain in character, and of the best materials. The main partitions are of brick. Four stacks of chimneys contain the requisite fire places and flues for heating, ventilating, cooking, &c., but there is also a fifth chimney connecting directly with the heating apparatus. The wards all contain open fire places for burning wood; the remaining rooms are fitted with grates.

The heating apparatus is of the kind known as the "mild hot water apparatus," contracted for and executed by Messrs. J. J. Walworth & Co., of this city, at an expense of \$3,000. It consists of seventy-five wrought iron tubes, of one inch internal diameter, and ten feet in length, connected at each end with a common receptacle. The water is admitted at one end of the apparatus, fills the tubes, and flows out at the other. The fire acts upon the exterior of the pipes. The water being heated, rises in a "flow pipe" to the "radiating" pipes, consisting of small wrought iron tubes, disposed in coils and convolutions of convenient dimensions and form, and placed in nine distinct chambers in the basement story. Here the water parts with a portion of its heat to the surrounding air, becomes more dense, and descends to the furnace through the "return pipes," to be recharged with heat. The chambers containing the radiating coils are constantly supplied with cold air from the exterior of the building, which after being heated is distributed through flues to the different apartments. A ventilating shaft or chimney seventy-five feet in height, with a sectional area of twelve feet, is constructed near the centre of the building. From every room in the building a flue of liberal dimensions is carried downwards to the cellar, where it discharges itself into the ventilating shaft. A constant current is maintained in the shaft—1st, by carrying the iron smoke-flue of the heating furnace into and up the shaft to a proper height; 2d, by carrying the flue from the kitchen range into the same shaft; and 3d, if found necessary, by maintaining a small fire *within the shaft*. It was at first proposed to ventilate the rooms both at top and bottom, but inasmuch as nearly every room in the building is provided with an open fire-place, the flues of which, being flanked on both sides by hot-air flues, are kept slightly warm, whereby a current is induced through them; and as a fire could, upon any emergency, be lighted in these fire-places for the purpose of bottom ventilation, it was not deemed necessary to provide double sets of ventilating flues for each room. The openings for the egress of foul air are therefore placed near the ceiling, and are governed like the inlet flues by adjustable registers. The aggregate area of all the ventilating flues is equal to about three times that of the main shaft, the excess being to compensate for the friction occasioned by the subdivision of the flues. It is assumed that under ordinary circumstances the effete air will travel through the main ventilating shaft at the rate of from three to six feet per second, which would give an aggregate amount of two to four thousand cubic feet of fresh air passing through the building per hour. As the heating surfaces are never raised above 212 degrees, it is believed that the air is not at all deteriorated by the process of warming. The amount of heating or



radiating surface in the building is about two thousand five hundred square feet, or about seven thousand five hundred lineal feet of pipe. The apparatus being composed entirely of iron, is very durable. It is simple and easy to manage, requiring no attention beyond keeping a fire, except occasionally, perhaps once a week, to let in a small quantity of water, which may be done in two minutes. It is believed that, in its consumption of fuel, this apparatus is more economical than any of the usual modes of warming, where *ventilation* is provided for on so liberal a scale.

This is hardly the place to speak of the advantages of such an institution to a large city, but we cannot forbear to point out to our readers, and through them to the community, that there is a large class of females in destitute circumstances, many of whom are of respectable character, some of them the victims of deceit and desertion, who are eminently entitled to our sympathy and aid, and who would gladly avail themselves of the shelter of a lying-in hospital to undergo the hard trial imposed by Providence on the most tender portion of humanity. To enable them to do so, more funds are needed for the support of free beds, the necessary outlay required for the building leaving but a small amount for this purpose. Any person who contributes the sum of three hundred dollars, has the privilege of a free bed once in a year, and those subscribing one hundred dollars are entitled to a free bed for one year from the time of its payment. We trust that the liberality so freely bestowed on other charities may not be withheld from this hospital, and that generous endowments will enable the Trustees to extend its benefits to those for whom they were designed, and who most stand in need of them.

The hospital will accommodate between sixty and seventy patients. The attending physicians are Horace Dupee, M.D., William Read, M.D., and H. R. Storer, M.D. The consulting physicians are James Jackson, M.D., Walter Channing, M.D., Jacob Bigelow, M.D., Charles G. Putnam, M.D., and D. Humphreys Storer, M.D.

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#### FEEES FOR SERVICES TO LIFE INSURANCE OFFICES.

It is a little remarkable that the profession in Boston has so long submitted to imposition on the part of Life Insurance Companies. In London, chiefly by the exertion of a few public-spirited individuals, most of these corporations have been compelled to pay over to medical men whose opinions they consult, the fees so justly their due; but here, not only is the fee, when paid at all, ridiculously small, but some offices refuse to pay any thing, leaving the physician to get it out of the applicant, if he can. The amount insured in some instances is several thousand dollars. To protect themselves from loss, a list of queries is presented by the companies to the physician, frequently ending with the modest request—"Do you advise us to take the risk?" And for the important information obtained, how much do they offer to pay? *One or two dollars* in some cases—in others, *nothing!* We should like to see an Insurance Company tender such a fee to a lawyer for an equivalent opinion. *Five dollars* is the lowest fee which any respectable physician ought to take for the examination of an applicant for insurance.

But we are told, the medical opinion is for the benefit of the insured. Then why does the office demand it? We never knew the applicant to desire such an investigation, though he may be compelled to submit to it, in order to obtain his policy. The reverse is plainly the case. The opinion of a medical man is always of vital importance to a Life Insurance

Company. Without it, they would soon be compelled to shut up their offices. If they choose to have the opinion, they ought to pay for it, and to pay liberally. The higher the fee, the more sure they will be of getting good advice; for though we are always ready to serve the poor to the best of our ability without remuneration, yet the maxim that "an opinion without a fee is good for nothing," ought to hold good towards the rich.

The remedy is simple, and in our own hands, if the profession will unite to protect themselves against a great imposition. Let every physician refuse to give an opinion as to the value of a life, unless he receive a fair remuneration for the same; and let him insist on receiving the fee from the office who asks the opinion. In other words, let him demand from corporations the same equivalent for his services that he does from individuals.

#### PROF. SIMPSON'S OBSTETRIC MEMOIRS AND CONTRIBUTIONS.

OUR readers have had several specimens of the contents of the first volume of Dr. Simpson's work, edited by Drs. Priestley and Storer, and other extracts will be given, of such articles as have not yet been published, or of those which have been wholly re-written.

Dr. H. R. Storer has left for our inspection the first volume of the Edinburgh edition, just received by him; it is a very elegant book of 857 pages—the paper, typography and illustrations being of the highest class. It is published by the well-known firm of Adam and Charles Black, North Bridge, Edinburgh, and does them great credit.

Messrs. Lippincott, Grambo & Co., of Philadelphia, are already engaged in bringing out the promised American edition, and we feel confident that it will be done in a satisfactory manner. We look for a near approach, at least, to the beauty and durability which characterize the British copy.

We have already referred to the great care and industry bestowed by the editors, Drs. Priestley and Storer, upon this valuable work. To unremitting labor they have evidently added that strong interest in their undertaking which has omitted nothing of value, and which has often induced them to make a digest of papers previously reported to Societies, &c.; much of this work having been done, of necessity, at late hours of the night, and through many months. We think that the profession, everywhere, owe to these gentlemen a large debt of obligation, and we are sure they will acknowledge this, on the appearance of the book.

The contents of the present volume are various, and are arranged under the following heads, viz.:—

PART I.—Special Pathology of the Unimpregnated Female.

II.—Physiology and Pathology of Pregnancy.

III.—Natural and Morbid Parturition.

The second volume is shortly expected from Europe; certain of its proof-sheets are now in our hands, from which, as we have said, we shall make extracts until the appearance of the Philadelphia edition.

*Saccharine Carbonate of Iron and Manganese.*—The following is the formula for this preparation, alluded to in No. 17 of this Journal (page 361), as originally proposed by Dr. S. T. Speer, of Edinburgh. (See London Medical Times and Gazette, for Dec. 10th, 1853.) Take of finely powdered sulphate of iron, *three ounces and one drachm*; carbonate of soda, *five ounces*; sulphate of manganese, *one ounce and one scruple*; white sugar, *two and one half ounces*. Dissolve each of the three first mentioned ingredients in a pint and a half of water, add the solutions and mix them well. Col-



lect the precipitate on a cloth, filter, and immediately wash it with cold water. Squeeze out as much of the water as possible, triturate the pulp with the sugar, previously reduced to a fine powder. Dry it at a temperature of about 120 deg. Fahrenheit.

The dose is from five to twenty grains, thrice daily, with the meals, or at least immediately after. It is prepared in Boston, by Mr. Woods, 51 Tremont street.

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MASSACHUSETTS GENERAL HOSPITAL.

*Operations performed during the fortnight ending June 23.*

By Dr. WARREN: Removal of scrofulous testis; removal of mammary tumor; removal of ear-ring tumors.

By Dr. CABOT: Operation for club-feet; for compound fracture of skull; for ascites; for vesico-vaginal fistula; for hare-lip; removal of tumor from side of neck.

By Dr. CLARK: Operation for hare-lip, and for cancer of the lip.

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*Meeting of the Massachusetts Medical Society.*—We have made arrangements for a full report, in our next number, of the proceedings at the meeting which took place yesterday. Owing to an oversight, we published an incorrect statement that the members from Boston would be carried over the Western Railroad and back for a single fare. This was in consequence of an announcement made to us that such an arrangement could probably be effected, and we regret that in the hurry of going to press we inadvertently omitted to cancel the statement.

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*Medical Miscellany.*—The Governor and Council of Massachusetts have appointed Dr. Charles H. Stedman, of Boston, Hon. Henry W. Benchley, of Worcester, and Samuel S. Standley, Esq., of Melrose, Commissioners to locate and erect, in Western Massachusetts, a Lunatic Hospital.—In this city, a few days since, a child accidentally swallowed a portion of a mixture consisting of mercury dissolved in nitric acid. A coroner's inquest was held on the case. The jury found that no label was placed upon the bottle from which the child drank, to designate the dangerous nature of its contents. It had been set on a table for a few moments while clearing out a closet.

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NOTICES.

*Books and Pamphlets.*—The Bane and Antidote. A Surgical Adjuvant, &c. By Frank B. Palmer.

In our last number, page 398, line 32, for "alkaloid" read "alcohol."

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MARRIED—In Dedham, 21st inst., D. W. Hartshorn, M.D., of West Roxbury, to Sarah A. Perkins, of Dedham.—In this city, 20th inst., Dr. David H. Jacobs to Mrs. Caroline Leonard.

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DIED.—In Cambridge, 16th inst., Dr. Charles H. Peirce, aged 41 years, formerly of Salem.—In Athol, 22d inst., Dr. William H. Williams, aged 63.—In Brattleboro', Vt., 6th inst., Dr. James G. Murphy, 31, formerly of Ludlow, Mass.

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*Deaths in Boston* for the week ending Saturday noon, June 23d, 69. Males. 39—females, 30. Accident, 2—inflammation of the bowels, 2—inflammation of the brain, 1—consumption, 12—cholera morbus, 1—croup, 3—dysentery, 1—dropsy, 2—dropsy in the head, 3—infantile diseases, 4—dyspepsia, 1—erysipelas, 1—typhoid fever, 2—scarlet fever, 2—disease of the kidneys, 1—hooping cough, 1—disease of the heart, 2—intemperance, 2—inflammation of lungs, 6—disease of the liver, 2—marasmus, 2—old age, 2—poisoned (accidental), by nit. acid and quicksilver, 1—serofula, 1—smallpox, 10—teething, 1—tumor, 1.

Under 5 years, 31—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 12—above 60 years, 5. Born in the United States, 50—Ireland, 13—Scotland, 2—British Provinces, 2—Germany, 2.

*A Novel Medical Firm.*—In one of the leading thoroughfares of Paris, the following inscription, on an attractive sign-board, arrests the attention of the passers by :—"Consultations gratis : from 8 A.M. till noon, treatment conducted on the principles of ancient medicine ; from noon till 4 P.M., on those of homœopathy ; and from 4 P.M. till 8 P.M., on the method of M. Raspail." What follows, fully explains the charitable nature of the consultations :—"There is a pharmacy on the premises."—*Edinburgh Monthly Journal of Medicine*, May, 1855.

[This is no more absurd than the question often addressed by homœopathists to those who employ them :—How will you be treated,—by the usual or old method, or homœopathically ? In addition to the stultifying nature of the query which virtually makes the practitioner what to be sure he usually is, a nullity, the *dishonesty* of the procedure is manifest ; for surely *one* of the systems must be false, they being antipodal to each other—but such a practitioner leaves his patient the choice !—EDITORS.]

*Bad Chirography of a Medical Prescription.*—The following rather severe hit at the illegible scrawls which characterize some of the prescriptions placed in the hands of the apothecary, may be read with benefit by many physicians whose patients have not the safeguard of being always directed to purchase the same remedy. It is from the *New York Daily Times*.

"We saw a doctor's prescription yesterday, so miserably written, so abominably penned, that it seemed impossible to spell out a single word of it. It might have been a receipt in full for a stumping big bill, an order to give the bearer a merciless thrashing, or the equivalent for a dose of salts, for anything that a common reader could have made of it. The druggist, however, to whom it was carried, said it was all right. We asked what it spelled ? He said he did n't know, but that always when he saw that scrawl at the bottom, he knew it came from Dr. ———, who never prescribed anything but calomel and jalap—ten and ten. It was all right, he was sure."

*Absence of Pericardium.*—A specimen was exhibited to the Pathological Society of London, by Dr. Bristowe, "in which the heart and left lung were enclosed in one serous cavity. On the right side of the heart was a diverticulum, which appeared to be a rudimentary pericardium. It was continued in front and behind some way over the vessels at the base of the heart. The patient had died of mitral valvular disease, with congestion and œdema of the lungs, and jaundice."—*Association Medical Journal*, January, 1855.

*Extroversion of Bladder.*—By JOHN SIMON, Esq.—Mr. Simon briefly related the history of a case of extroversion of the bladder in a boy twelve years old, who came under his care four years ago. He (Mr. Simon) finding that the ureters passed closely in front of the rectum, imagined that a communication might be established between them and the intestine. With this view he carried a needle of peculiar construction through each ureter into the rectum, and another below, so as to include a loop of rectum and ureter, which ulcerated away, and allowed urine to pass. He found it impossible, however, to close the anterior openings ; perhaps because he had not tried the most judicious method, having pared the edges and brought them together with needles. The boy lived twelve months, during which time most of the urine passed anteriorly. Before death, he complained of pain in the ureters, and of feverish symptoms, and sank. The ureters were found full of mixed calculi.—*Association Medical Journal*, 1855.

*Diseased Spleen from Obstruction of Splenic Artery.*—By S. O. HABERSHON, M.D. A man was admitted into hospital with a large sloughing mass at the lower part of the neck, five or six inches in extent. Some loose portions came away, and others were removed : from this hæmorrhage resulted, and he died exhausted. A mass of albumino-fibrinous matter was found deposited on the aortic valves. The greater part of the spleen was yellow and diffuent ; and the splenic artery was found blocked up with a fibrinous mass, which extended into the vessels of the organ. The thyroid body appeared infiltrated with nuclear deposits.

Mr. Simon would regard the blocking up of the splenic artery as a *third* effect, the vessel being rigid from atheroma or some similar cause.—*Association Medical Journal*.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## CONTRACTION OF THE NECK OF THE BLADDER.

[Read before the Suffolk District Medical Society, February 7th, 1855, by D. D. SLADE, M.D., and communicated for the Boston Medical and Surgical Journal.]

WHILE in Paris my attention was frequently called, by my excellent friend M. Caudmont, to a peculiar morbid condition of the urinary organs, which has not been recognized as a distinct disease by any writer upon these organs. Frequent opportunities for the study of this affection were presented in the wards of M. Civiale, at the Hopital Necker, and at a charitable infirmary opened by M. Caudmont. To this morbid condition of the urinary organs, M. Caudmont has given the term, Contraction of the neck of the bladder—*La contracture du col vesical*; and to him is due the merit of first classifying it as a distinct disease.

It is the object of the present paper to describe the situation and nature of this affection as set forth by him, and as presented to my own observation.

First, what are we to understand by *the neck of the bladder*? As described by most anatomists, this term is limited to the urethro-vesical orifice, but surgically speaking, it should be considered as comprising not only this orifice, but also the deep portions of the urethra as far forward as the triangular ligament; or, in other words, as occupying the entire membranous and prostatic portions of the canal.

Secondly, if we admit the existence of such an affection as the one under consideration, we must establish the presence of muscular fibres about the neck of the bladder, such as I have described it. Now, the scalpel easily demonstrates to us the existence of such fibres, surrounding the deep portions of the urethra, and arranged in such a manner, that, by their action, they have the power to diminish and even to close the canal, acting as a well-adapted sphincter. These muscular fibres are well known under the name of Wilson and Guthrie's muscles, and I shall not occupy space by a description of them.

As to the urethro-vesical orifice itself, the *anatomical* neck of the bladder, without going into a consideration of the much-mooted point, whether it possesses a true sphincter, or whether it has two

lips acting as valves, as some French writers maintain, it is sufficient for our present purpose to say, that it has muscular fibres entering into its composition, and is therefore endowed with muscular contractility.

All muscular fibre is susceptible of *spasm* and *contraction*; consequently the neck of the bladder, having muscular structure in its formation, submits to the same law; a fact which is daily made evident to us when we pass the bougie or catheter. Therefore, *contraction of the neck of the bladder* may be defined as a peculiar morbid condition, characterized by certain troubles in micturition, by pain, and by other symptoms which I shall describe, and dependent upon the involuntary and permanent contraction of Wilson & Guthrie's muscles, and of the muscular fibres about the urethro-vesical orifice.

This affection may exist in very different degrees. It may be sufficiently violent to produce retention of urine, although generally it is far less formidable. Contraction is distinct from spasm, which is essentially temporary; although the former may commence with spasm, and may also be complicated by it. Contraction comes on slowly, and generally disappears in a like manner.

This morbid condition existing independently of every other appreciable lesion, is described by MM. Roux, Velpeau and Civiale under the terms *neuralgia, or nervous conditions* of the deep portions of the urethra and of the neck of the bladder. M. Civiale says, "the sensibility and contractility of the neck of the bladder are so intimately connected, that any increase in the one ought to modify the other, and thus affect the functions of the bladder. We shall see, in fact, when we speak of the diseases of this organ, that the different degrees of the contraction of its neck, play a conspicuous part in most of the affections by which the bladder is attacked."

*Symptoms.*—These consist, chiefly, in the difficulty which attends micturition, and in pain. The desire to urinate is frequent, and in some cases so imperious, that the patient cannot wait either for a suitable time or place. He is obliged to strain in order to commence micturition, and the stream is sometimes suddenly interrupted in the midst of the process, as if a foreign body had intervened. The jet is not so large as natural and is not so well thrown out, the last drops tending to fall upon the trowsers or upon the thigh of the patient. The *coup de piston*, the last spasmodic effort of the bladder, is absent or badly performed. The character of the urine may or may not be changed. The patient is not unfrequently troubled by partial erections, particularly at the moment of micturition; these become at night, full, complete, very frequent and fatiguing.

Pain does not always nor necessarily accompany contraction. When present it varies in intensity and character, and is often intermittent. It is rarely present when the affection attacks children, and is most marked when the contraction depends upon rheumatism, and in that form which is due to a chronic inflammation of



the neck of the bladder. It may amount to only a sensation of tickling, or may be acute and lancinating, and is most felt at the moment when the desire to micturate comes on, and is referred by the patient to the lower surface of the *fossa navicularis*, and sometimes to the bulbous portion of the canal. Occasionally, it occupies the entire canal, and even spreads to the anus, pubes, thighs, and to other contiguous parts.

There is one peculiar pain, which is eminently characteristic of the contraction of the neck of the bladder, and this is felt just at the commencement of micturition, and is due to the forced opening of the contracted muscular fibres. This persists sometimes during the passage of the urine, and may be occasionally felt after the act has been completed.

After this affection has existed a certain time, we have complications arising, among which may be mentioned spasm after sexual intercourse, retention of urine, vesical catarrh, incontinence of urine especially among children, obstinate erections and long-continued gleet discharges. We may add to these a constricted condition of the sphincter ani, and of the muscles of the perineum. Some patients complain even more of this, than of any trouble at the neck of the bladder. This is the *ano-vesical neuralgia* of some authors, a condition which is accompanied by lancinating pains at stool, and by obstinate constipation.

Velpeau, speaking of anal neuralgia, says—"there is a very singular malady which appears to me to have its seat at the neck of the bladder much more often even than in the anus, and to depend frequently upon a hemorrhoidal condition of the lower part of the rectum."

*Diagnosis.*—Besides the pains which patients suffer at the commencement and at the termination of micturition, and in addition to the alteration in the stream, it is by local explorations, by catheterism, that we are to establish the presence of contraction of the neck of the bladder.

When we introduce a bougie or catheter into the healthy urethra, and pass it gently, we meet with a slight resistance, but a resistance which yields almost immediately. In contraction, on the contrary, the resistance is almost similar to that afforded by a stricture, although, of course, not so great, nor so well marked. Moreover, that peculiar grasping of the instrument which we meet with in stricture is wanting. After a moment's cessation, this resistance yields, and the instrument is allowed to pass freely as far as the urethro-vesical orifice, where a similar resistance is met with, which also soon yields, the patient experiencing during this time a burning sensation in the parts.

The instrument best calculated for the detection of any degree of contraction, is a medium-sized gum-elastic bougie with an olive-shaped button at the end. If we make use of the wax bougie, which is also an admirable instrument in these cases, care should be taken to bend the end for the space of half an inch or so—in order

to avoid the sinus of the bulb—this portion of the canal, in contraction, being drawn downward and backward by the muscles of the perineum.

*Prognosis.*—This malady in itself is of comparatively slight importance, but the complications to which it may give rise render it serious. It is rebellious to treatment when it is due to any peculiar diathesis, or to some local organic affection.

*Causes.*—The causes of contraction of the neck of the bladder are various, and may be either local or general. Among the first, gonorrhœa stands preëminent, especially when of long standing, and when it has attacked the deep-seated portions of the canal; the presence of simple inflammation or irritation in the neighborhood of the neck of the bladder, organic strictures, calculi, diseases of the prostate, fungoid vegetations, obstinate constipation, hemorrhoids, &c.

The general causes, are, the nervous temperament, nervous affections, general debility, scrofulous habit of body, and above all, according to M. Caudmont, rheumatic affections predispose to this complaint. All ages and each sex are equally subject to it.

*Treatment.*—In our treatment, we must first seek the cause of the contraction, and according to the cause, so will the treatment be either medical or surgical, or both combined. As regards the medical, we shall derive benefit from the administration of tonics, as the preparations of iron, iodide of potassium, &c., combining with these the use of sulphur baths, frictions, and douches of cold water upon the pubes, groins and perineum. The application of electricity has been found useful in these cases. Suppositories, opiate enemata, belladonna ointments, are all highly useful. The bowels should be kept free by gentle laxatives, or by enemata. I have seen most decided benefit derived from the internal use of belladonna, particularly in the cases of children, who were suffering from incontinence of urine, dependent, almost always, according to M. Caudmont, upon contraction of the neck of the bladder.

In the surgical treatment, to which we are most generally obliged to have recourse, gradual dilatation of the canal by means of the wax bougie is necessary. The instrument should be passed with great care and gentleness, every two or three days, according to circumstances, and should be retained for a few moments only, particularly at the commencement of the treatment. This gradual dilatation has been found to give more satisfactory results than when the dilatation has been forced and sudden. Of course, we should gradually make use of larger sizes as we advance in the treatment.

Cauterization is much more applicable to those cases depending upon chronic inflammation, and where a gleety discharge is present, than where the contraction depends upon a rheumatic diathesis, or upon neuralgia. We may make use of the solid nitrate of silver, passed down by Lallemand's or any other suitable instrument. Certain pomades, such as the red precipitate, double mer-



curial, &c., passed into the urethra by means of an olive-shaped bougie, are often extremely useful. I can speak with confidence of the employment of this treatment in obstinate gleet. In our surgical treatment, care should be taken to avoid exciting inflammation or irritation by too hasty attempts at a cure. If such complications arise, as in many cases they will, a suitable antiphlogistic treatment is to be adopted.

Incision of the contraction has been advised, but I can hardly imagine cases to arise where other less objectionable means of cure would not avail.

An occasional passage of the bougie will serve to keep the canal free, after the contraction has been overcome.

#### ANEMIA AND CHLOROSIS.

[Translated from MM. Becquerel and Rodier's *Chemical Pathology*, by A. B. HALL, M.D., Boston.]

THE word anemia is considered as a bad expression, but is continued in use, as a synonym of an alteration of the blood characterized by a notable diminution of its globules. Anemia, thus understood, is an important element of several diseases, such as chlorosis, Bright's disease, organic affections of the heart, &c.

An analysis of ten cases of symptomatic anemia is given; six males and four females of different ages. The density of the blood is greatly diminished. Globules below natural standard; fibrine natural or diminished; albumen usually unchanged. The density of the serum is generally maintained in the ordinary physiological limits. Three times the anemia was the consequence of privation and bad alimentation; three times it arose from hemorrhoidal flux; once from hemorrhage following accouchement; once from cancer of the liver; once from uterine catarrh; and finally, in one patient there was no appreciable cause.

Chlorosis is considered as having its primitive seat and point of departure in the nervous system, determining, consecutively, symptoms of indigestion, disturbed menstruation and an unequal circulation. If such a definition is exact, an alteration of the blood in chlorosis is not a primitive fact, but a consecutive, secondary phenomenon, and one which is not absolutely indispensable to constitute this disease. Several examples are given of well-developed chlorosis, possessing marked physical signs, in which no appreciable modification of the blood is observed. Notwithstanding these facts, the majority of chlorotic patients present an alteration of this liquid, depending upon the intensity and duration of the disease.

Six analyses of the blood in chlorotic women are given; ages from 19 to 22. Results: considerable diminution of globules, fibrine constantly increased, and albumen in normal proportion.

*Comparison between Chlorosis and Anemia.*—Some pathologists

affirm that there is no difference between chlorosis and anemia ; or that in the two morbid states there are only some slight points of difference, and these entirely secondary. Others consider that they are two affections, and that the difference consists in the fact that the former is usually developed spontaneously, while the latter is always a consecutive phenomenon to some cause easily shown. MM. Becquerel and Rodier go still further in showing the dissimilarity of these two morbid states, and consider the subject under seven points of view. 1. Causes. 2. Modes of development. 3. Symptoms. 4. Physical signs. 5. Composition of the blood. 6. Progress and duration. 7. Therapeutics.

1. *Causes.*—In this respect there exists no affinity between chlorosis and anemia. In the one, the cause for the most part is unknown ; it is a perturbation of the nervous system ; the exact point of departure is difficult to define. There is a certain number of circumstances which constitute a predisposition to and favor the development of chlorosis. Among them may be mentioned that it occurs almost exclusively between the ages of 15 and 25 ; that it is developed only in females ; that moral emotion and grief sometimes favor its rapid development, and that the dwelling in cities and sedentary life exert an influence upon the manifestation of this disease.

In anemia it is wholly otherwise. The cause is manifest, positive, and numerous circumstances essentially different may develop this morbid state which is not properly a disease, but a symptomatic or consecutive morbid condition. Anemia may manifest itself at all ages ; both sexes are equally subject to it. And among the appreciable causes may be mentioned insufficient aeration of the blood, vitiated atmosphere, humidity, defective isolation, innutritious alimentation, hemorrhages of diverse nature, excessive bloodletting and purging, diarrhœa, increased flow of urine, abundant suppuration, excessive coition, masturbation, leucorrhœa, dropsies ; certain poisons, such as miasmatic infection, lead and mercurial intoxication ; certain syphilitic, cancerous and tuberculous cachexies, prolonged acute and chronic diseases in which the diet has been rigorously enforced and the loss of liquids has been very notable, &c.

2. *Modes of Development.*—In chlorosis the malady is, in general, developed insensibly, and without the phenomena appearing in connection with any appreciable cause. For the most part they are menstrual troubles, which in a great many cases are not properly understood, nor remedied till the external aspect of the patient too truly reveals the nature of the disturbance.

In anemia the phenomena always appear to follow an evident and appreciable cause. Their intensity is in affinity with the intensity of the cause, and their manifestation follows immediately the condition which has given it birth.

3. *Symptoms.*—In chlorosis nervous phenomena are predominant. There is a disturbance of the nervous system. The character



changes, the temper is altered, young subjects often become sad, morose, fantastical. The sensibility is often profoundly modified; cephalalgia, vertigo, tinnitus aurium, neuralgia of every kind, and of various organs, gastralgia, simple or flatulent enteralgia, nervous palpitations, &c., are frequent symptoms. The power of movement is often equally altered; the strength is diminished; patients are subject to spinal deformities and muscular pains. In some cases the phenomena of chorea and hysteria are manifest; at other times there is a modified appetite, increased thirst accompanied with a desire for acid drinks, difficult digestion, abundant secretion of gas, obstinate constipation, &c. There is also pallor of the skin; sometimes, a yellowish, greenish hue, with paleness of the mucous membrane, exists from the commencement of the malady. Dysmenorrhœa, amenorrhœa and leucorrhœa are frequent or constant phenomena in chlorosis.

In anemia the aspect of the patient is for the most part otherwise; the nervous phenomena are only secondary, and are often completely wanting. Loss of strength, lassitude, debility, and, in an aggravated form of the disease, cephalalgia, vertigo and nervous delirium, are the only characteristic phenomena. As to neuralgia and other nervous affections, they are often wanting; and when they do occur, they have not the same intensity, and present nothing characteristic. The digestive tube generally remains unmodified in anemia of medium intensity. We do not observe those fancied appetites, gastralgias, flatulent enteralgias and constipations so constant in chlorosis. The exaggerated thirst is almost always more acute than in chlorosis. The menstrual troubles may be completely wanting in anemia. Sometimes there may be amenorrhœa, dysmenorrhœa, or leucorrhœa; but these symptoms are less constant and less marked. Palpitation and dyspnœa are still more marked in anemia than in chlorosis. They are entirely subordinate to the degree of modification of the blood; that is, to the diminution of globules. There is a difference in the tint of the skin. The intensity is wholly in accordance with the change in the blood, and the yellowish, greenish hue is generally absent.

4. *Physical Signs.*—The cardiac and vascular sounds are often the same both in chlorosis of medium intensity and well-defined anemia. Sometimes, however, these sounds present some particular characters which are conclusive in the diagnosis of these two affections. In chlorosis, there is generally a soft *bruit de soufflet* at the base of the heart, coinciding with the first sound, and propagated along the aorta; in the vessels of the neck, an intermittent *souffle*, corresponding with the first sound of the heart and seated in the carotids; a continued *bruit de soufflet*, presenting different characteristics, having its seat in the jugular vein; and finally a continued *souffle*, with reduplication, which results from a combination of the continued venous *souffle* and the intermittent *souffle* of the carotids. Nevertheless, in chlorosis there is sometimes an

absence of the *souffle* with the first sound of the heart ; or there may be a continued, simple or reduplicated *souffle* without there being a very considerable diminution of blood globules.

In anemia, the vascular and cardiac sounds are somewhat different. The *bruit de soufflet* with the first sound at the base of the heart, is a *constant* phenomenon ; it may exist alone without a vascular *souffle* ; it is the first physical phenomenon of anemia that is established in the central organ. The intermittent *souffle* of the carotid is also one of the most constant phenomena of anemia ; it is never developed without being preceded by the cardiac *souffle*, and is entirely proportional to the degree of diminution in the amount of globules. The venous continued *bruit de soufflet* is more rare ; it occurs only when anemia assumes an advanced type, and when the amount of corpuscles is very much diminished. Finally, we do not find the musical murmurs, the *bruits de diable*, &c., so often as in chlorosis.

5. *Composition of the Blood.*—It has been believed for a long time, by many physicians, that the alterations of the blood are absolutely identical in chlorosis and anemia. But a careful analysis of the subject will modify this opinion and demonstrate the principal differences.

In chlorosis, there are some cases in which there is no alteration of the blood ; in others it exists, but not to a degree corresponding with the intensity of the functional disturbances and the physical signs furnished by the vascular system. Yet in a certain number of cases this affinity of intensity exists.

In anemia, the alteration of the blood is constant ; and the severity of the functional disturbance, as well as the modification of the vascular system, is constantly in accordance with the degree of this alteration.

In chlorosis, the chief alteration of the blood is the *diminution of globules*. However, this condition is *wanting* in certain exceptional cases ; in others, it seems independent of the degree of the malady, being variable, at times feeble, then considerable. Often there is a direct relation between the degree of intensity of chlorosis and the loss of globules.

In anemia, the sum total of globules is also variable, but always in accordance with the cause which has produced it, the cause being constantly known, as before mentioned. This sum is always in relation with the intensity of the functional trouble, and is the essential characteristic of anemia, and without which it could not exist.

In chlorosis, the amount of *fibrine* is in general a little elevated above the natural standard. Sometimes this elevation is considerable, without there being absolutely any trace of inflammation.

In anemia, the amount of fibrine is preserved in its normal state, or may be diminished in severe cases as much as it is increased in chlorosis.

In chlorosis, the amount of albumen is always maintained within its habitual limits.



In anemia, the quantity is often in a normal condition, but very liable to a diminution in aggravated cases.

6. *Progress and Duration.*—In chlorosis abandoned to itself, and not treated by iron, the duration is often very long. It has nothing fixed, and we are absolutely ignorant of the influences which govern its course and duration. Sometimes it is cured, it may be under moral influence, or it may be spontaneously.

In anemia, the progress and duration are completely subordinate to the cause producing it, whatever it may be; remove the cause, and a cure will result with more or less rapidity.

7. *Therapeutics.*—The distinctions that have been established between chlorosis and anemia are important in a therapeutical point of view. Our limits will not allow us to follow the authors in their detailed account of these essential agents in the treatment of these diseases, but merely to give a few suggestions.

In chlorosis, the treatment consists—1, in the employment of ferruginous preparations. These are considered the only *positive* therapeutical means in this sometimes obstinate malady. Afterwards, secondary tonics. 2, moral influences upon young patients. 3, hygienic means relative to habitation, atmospheric vicissitudes and alimentation.

In anemia, the treatment rests upon another basis than that of chlorosis. Here, the first indication is to remove the cause, if possible, for this is almost always known. If this cannot be destroyed, the malady is incurable; or it may be said that anemia itself is incurable and can only be diminished more or less. Now if the cause can be removed with more or less facility, if it is a hemorrhage, a flux, a diarrhœa or uterine catarrh, the course of treatment is evident. In uterine catarrh, for example, there exists almost always a *souffle* of the heart, being symptomatic of an alteration of the blood, which constitutes the anemia. To combat this *bruit* by iron, would give no result; whilst, on the contrary, if the catarrh is cured, the *souffle* in a few days would disappear spontaneously. This basis of treatment once adopted, other agents may be brought into use. Iron, which enjoys such reputation in chlorosis, only fills a secondary place in this affection. In symptomatic anemia, hygienic influences are of the utmost importance. Hence follows the *résumé* of treatment. 1. Remove or modify the cause whenever it is possible; thence secondary means; 2, hygienic; 3, tonic; 4, iron only in some exceptional cases, and particularly in anemia from excessive hemorrhages.

89 Salem St., June, 1855.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

MARCH 26th.—*Conjunction of Erysipelas and Scarlatina.*—Reported by Dr. CABOT.—A. E. G., 17 years old, on the 23d of February last, slept in the same bed with a little girl who had bad sore-throat, and who, the next day, broke out with scarlet eruption. March 7th, the patient (A. E. G.) fainted away while making beds, but felt no other trouble, and was pretty well through the day. 8th. Awoke with sore-throat, headache and pain in the back. Went to her own home during afternoon of this day. 9th. Headache and other symptoms continue, although somewhat less. 11th. Feels much better; throat nearly well. Mother noticed a little eruption, which was not apparent at Dr. Cabot's visit. 12th. Dr. C. was sent for, and found the patient feeling much more ill; erysipelas was declared upon the face; there was severe headache, and pain in the bridge of the nose. The erysipelatous blush extended over both cheeks, from the nose, which latter was involved. 13th. Erysipelas has spread, but patient feels better. 14th. Much better; erysipelas not extended, and very much faded. About the axillæ, over the mammæ and chest, front, sides and back, an unusually discrete eruption of scarlet rash existed; it was more prominent than usual. Dr. Inches saw the patient at this date. 15th. Erysipelas not extended, and very faint; scarlet rash not so bright; pulse very quiet. Patient seen by Drs. Reynolds and Ellis. 16th. Erysipelas and rash both fading; pulse calm, moderate; appetite good; feels well. 18th. Eruption of scarlatina much faded; a little nausea to-day. 19th. Eruption gone; felt well. 21st. Head ached nearly all day; pain in back and limbs; loss of appetite. 23d. Well; appetite returned; a degree of soreness at the side of the nose, where the erysipelatous patch commenced; a little swelling of the parts. March 25th. Entirely well.

MARCH 26th.—*Two Cases of Eclampsia, both terminating in recovery—the first occurring during and after labor; the second, at the sixth month of pregnancy.* Dr. PARKS read the following account.

CASE I.—Mrs. G., æt. 19. First pregnancy. Through the day of March 14th, 1855, the patient experienced some discomfort indicative of labor, but no regular pains. At 6, P.M., the liquor amnii was discharged. At 9, P.M., regular pains commenced. At 11 1-4, P.M., I was called, and found pains recurring at intervals of five minutes. The os uteri was somewhat larger in diameter than a twenty-five-cent piece, soft, thick and dilatable. No bag of waters felt, of course. Presentation, *vertex*. Pulse rapid.

15th.—At about 1, A.M., of 15th, the os uteri being about half dilated, I gave three fourths of a drachm of the saturated tincture of ergot, with no apparent effect whatever. The pains were, throughout the night, short and inefficient, though frequent. At 5, A.M., the pains having diminished, rather than increased, I went home, and sent a dose of 30 drops of laudanum; which had been swallowed but about five minutes when the patient was seized with convulsions. I was immediately sent for, and at once, on reaching patient, administered sulphuric ether to narcotism. Incipient coma had followed the convulsions before the administration of the ether. On allowing the patient to come out of the state of etherization, she became delirious, requiring to be restrained. Complained of pain in the head. Pulse 140—small. The labor pains were now less efficient than ever. At about 8, A.M., 30 drops of laudanum were again



given. At 10, A.M., regular and efficient pains set in; the fourth of these, I think, being terminated by a strong convulsion, which left the patient comatose. The head had arrived within the pelvis—the os uteri being nearly dilated.

The forceps were now resorted to. On presenting my right hand, to pass in the first blade of the instrument, a convulsion came on. The remaining blade was inserted, the instrument locked, and the child extracted with ease, no convulsion occurring. The placenta was easily removed, a convulsion immediately following its discharge. One or two more convulsions also took place within half an hour subsequently, making, in all, say eight attacks.

16th.—At 3, A.M., of the 16th, the patient having slept pretty quietly through the night, awoke and made her appearance in the adjoining room, to commence her house-hold duties, as though nothing had happened out of the common course of things. This was the usual hour of rising with the patient, who recollected nothing that had transpired since some 48 hours before the convulsive attack.

With the exception of slight febrile symptoms lasting for two or three days, and subsiding after the use of antimonials, the patient made a good recovery.\* The child, feeble at first, eventually did well. Dr. Buckingham saw the patient in consultation.

CASE II.—Mrs. D., æt. about 27. First pregnancy—at about the sixth month. I was called to this patient at 2 o'clock, A.M., March 22d. She had just had a convulsion—her first. She had been troubled for about three weeks, with headache, attended with a degree of swelling of the face and neck. These had been particularly marked on the day preceding the above attack. A week previously, the patient awoke in the night, and complained of a singular sensation in the head. She felt as if “her eyes were turning in.” On the night of the 22d, a little before 2, A.M., she awoke with the same complaint, and suddenly went into a convulsion. When I arrived she had regained her consciousness, though still bewildered and uneasy. Pulse about 140, small. I immediately narcotized her with sulphuric ether, when the pulse went down to about 90, and the patient presently awoke tranquillized, exclaiming—“how much better I feel.” I prescribed five grains of calomel with twelve of jalap, and directed six leeches to be applied to the temples. At 3, A.M., the pulse having become accelerated, and the patient uneasy, she was again etherized and restored to her previous tranquil state. At 4, A.M., the family physician arrived, and I left. During the temporary absence of the latter gentleman I was twice summoned, subsequently, and then and afterwards learned additional facts in the case. The patient had other convulsions at about 5 and 9, A.M.; 12½, 2½, 4 and 7, P.M.—seven in all. They increased in severity up to the sixth; the seventh, and last being milder than those immediately preceding. At about 5, P.M., the os uteri being largely dilated and the presenting part having settled low down in the pelvis, the membranes were punctured. Late on the ensuing night (March 23d) the patient was delivered of a fœtus presenting the breech. At 9, A.M. (23d), the patient had regained her consciousness. She subsequently did well. Etherization was freely persevered in till the birth of the child. There were also employed, in the course of the case, antispasmodics, mercurial and terebinthi-

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\* This patient was subject to “fits,” so called, when a child, and has an older sister still subject to them.

nate purgatives, enemata, turpentine stupes to the abdomen, and sinapisms to the feet.

*Remarks.*—The free use of ether in these and several other cases of puerperal convulsions, which have lately occurred, and terminated favorably, is worthy of notice. In this connection, also, the comparatively small number of convulsions in each case should be remarked.

MARCH 26th.—*Adherent Placenta.* Dr. STORER referred to a case of morbidly adherent placenta reported by him to the Society in March, 1854, where the adhesion existed throughout the whole of its attachment. He had attended the same woman in labor since the last meeting. The placenta was again firmly adherent throughout, and was with much effort torn from the parietes of the uterus, while the patient was under the influence of ether. Numerous calcareous spicula studded its maternal surface. Dr. S. observed that he was aware that several writers had reported instances of adherent placenta repeatedly occurring in the same patient, and that he had alluded to these cases merely to remark that the patient was a perfectly healthy woman; that she showed not the slightest symptoms of placentitis, nor even of any bodily derangement during either of her pregnancies; that she made no complaints whatever at the time of, or after, her delivery; had no local pain, hemorrhage, or irritative fever—and that the child did not appear to have suffered in either case from the derangement of the placenta, being of the ordinary size, plump and well nourished. In the former instance the child was stillborn, but had evidently died during the labor.

MARCH 26th.—*Tenia.* Dr. STORER, several months since, had reported a case of tape-worm, in which *koussou* did not seem to produce any marked effect. Since referring to this case, the patient has passed seven yards of the worm, at intervals. *Koussou* has been twice exhibited, in half-ounce doses, in infusion, ineffectually. Ordinary cathartics have produced a most decided impression. These experiments were thought to prove that this remedy, which has been by some lauded as a specific, may, like other means, occasionally fail.

MARCH 26th.—*Case of Pertussis at Birth.*—Dr. PERRY reported the case. He attended a woman with her second child in February last. She informed him at the time that her oldest child had hooping cough—and asked if she had better keep the child out of the room or send her away. She was advised to send the child out of the city, and did so immediately. The next day the new-born child began to cough most violently, having the regular whoop. The child had the disease severely, but it did not last the usual time. It is evident that this child took the disease and passed through the first stage of it in utero. This is the first case of the kind that Dr. P. has seen, but he remarked that several had recently been reported in one of the French Journals.

MARCH 26th.—*Case of well-marked Cyanosis, lasting four days; spontaneous disappearance, and no return for six weeks.* Dr. W. E. TOWNSEND reported the case. Was called on the morning of March 6th to attend Mrs. S. She had an easy labor, and was delivered of a fine, healthy-looking girl. On the night of March 8th, about forty-two hours after its birth, the child struggled in its sleep and was thought by its parents to be dying, as it began to turn black in the face. Dr. T. was immediately sent for, and, on arrival, found the child looking better in the face, but nearly pulseless and with its extremities cold; it soon, however, revived and appeared well though languid. When visited, on the following morning, it was completely blue and the pulse very feeble. The parents reported that it had a



similar attack during the interval between the visits, and after a slight scream and convulsion again resumed its natural color. It continued in this way from 9 o'clock, Tuesday night, till Saturday P.M., having had, in the mean time, by report of its parents, fifty attacks, all of which were characterized by deep blueness covering the body, loss of pulse, and coldness of the extremities, and terminated by one or two screams and a convulsion. From that time till the present report, the child has had no more attacks, and has been perfectly well. The warm bath, with an occasional aperient, was the only treatment.

April 20th.—There has been no return of the affection.

Dr. CABOT asked if this state was not, that termed by writers *atelektasis pulmonum*?

Dr. Townsend replied that he thought this impossible, or at least unlikely; the child was well for two entire days; its pulse was good, and it cried lustily.

Dr. Cabot said that, in certain cases, the manifestation of symptoms in this condition of the lungs was delayed for a time.

Dr. DURKEE suggested that the state alluded to might be due to a want of action in the capillary vessels of the skin. It would seem that some portion of the channels that convey the blood must be at fault, and the vessels intermediate between the arteries and veins, he thought, would be more likely to be interrupted in their function in so young a subject.

### Bibliographical Notices.

*Ectopia Cordis, or Cardiac Displacement.* An Address read before the Suffolk District Medical Society, Dec. 30, 1854. By BUCKMINSTER BROWN, M.D.

The very interesting and well described case with which the present volume of the Journal commenced, has been put into pamphlet form by the writer. We are glad that this is done, for although it has had a reasonably wide circulation in the pages of the Journal, there are many who will take it up in its present shape, who may not meet with it as originally published.

The rarity of the affection, unless as a result of thoracic effusion, and the accuracy with which the physical examination was made and the symptoms detailed in this instance, make this a very valuable paper.

The account, in its form of an Address to the Suffolk District Medical Society, was listened to with marked interest, and the compliment of "a vote of thanks" passed to its author. At its close, Dr. Brown very feelingly alludes to the loss sustained by the Society he was addressing, in the death of Dr. Samuel Parkman.

We heartily commend this *brochure* to the perusal of those who have not yet seen it, and suggest its preservation among the other *collectanea* of medical libraries.

*Reports of the Board of Visitors, Trustees, Superintendent and Treasurer, and Building Committee of the New Hampshire Asylum for the Insane.* Concord, N. H. 1855.

We have received from John E. Tyler, M.D., a pamphlet of 32 pages, with the above title. Dr. Tyler is the Superintendent of the Asylum, and, as we judge from his report, has given faithful attention to all his duties. He informs the Trustees in his Report, that it has been ascertained, through

the medium of Circulars sent to every city and town, that there are "some 35 persons, belonging to the State, supported by their friends or guardians, in hospitals in other States;" "more than 550 insane persons" now reside in the State, only 155 of whom are in this Asylum.—(Page 15.)

An urgent and very warrantable appeal is made, in consequence of the existing circumstances, for "increased accommodations for the insane."

A building is now in progress, for which an appropriation was made by the Legislature of last year. A hope is also expressed that a further appropriation may be made by the Legislature, and that the "indigent insane" who constitute "more than half" of such patients, in New Hampshire, may derive aid from a portion of it.

The farm belonging to the Institution appears to have been made very available; having, during the past year, "contributed to the support of the patients a net income of at least one thousand dollars."—(P. 18.)

Very many individuals have contributed to the advantages, comforts and luxuries of the Asylum. We notice that donations of durable oil-cloth carpeting, books, newspapers, engravings, flowers and green-house plants, &c., are thankfully acknowledged.—(P. 18.)

We trust every facility will be afforded by the Legislature, and through private liberality, for placing this valuable Institution in the most secure and flourishing condition. There can hardly be a better use made of public funds than to bestow them upon the large and increasing class of sufferers so peculiarly dependent as the insane; and we may add, that it is not only policy, but justice and duty, to render the Superintendent of every such hospital entirely free from that anxiety and embarrassment which arise from faulty or deficient means and arrangements. In this way only can he satisfactorily discharge his duties for the benefit of all concerned.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 5, 1855.

### MASSACHUSETTS MEDICAL SOCIETY.

THE annual meeting of the Councillors and of the Society took place at Springfield, on Tuesday and Wednesday of last week. At the meeting of the Councillors, Dr. Elisha Huntington, of Lowell, was elected President of the Society, in place of Dr. George Hayward, who declined re-election. Dr. Luther V. Bell, of Somerville, was elected Anniversary Chairman, and Dr. John G. Metcalf, of Mendon, Orator, for the anniversary of 1856. According to the almost unanimous desire of the members from other parts of the State, the next anniversary of the Society will be celebrated in Boston.

The annual meeting was held in Hampden Hall. In addition to the ordinary business, several papers of a scientific character were read. A Committee was appointed to propose modifications of the By-Laws relating to the admission and expulsion of Fellows, and the Society adjourned for two weeks, to receive their Report and to act on the question of the expulsion of a Fellow, with regard to whom such action was recommended by the Suffolk District to the Parent Society. The utmost harmony prevailed throughout the discussions. There was a full attendance of members from the portion of the State in which the meeting was held, though, with the exception of Suffolk, the Eastern counties were scantily represented.



At one o'clock, the annual address was delivered by Dr. Augustus A. Gould, of Boston. As it will soon be published for distribution to the members, we refrain from further comment than that its excellence was attested by the attention with which it was received, and by the warmth with which the sentiment "The Orator of the Day" was welcomed at the anniversary dinner.

After the delivery of the address, a procession was formed, under the direction of Dr. Ezra Palmer, Jr., Chief Marshal, and proceeded to the Warriner House, where a sumptuous repast was provided. Dr. William J. Dale, of Boston, discharged the duties of anniversary Chairman in the most felicitous manner. We regret we cannot give the details of the sentiments and speeches by which the interest of the reunion was maintained to an unusually late hour. Appropriate replies to sentiments were listened to from Drs. Hayward of Boston, Deane of Greenfield, Gould of Boston, Chaffee of Springfield, Ware and Shattuck of Boston, Mauran of Providence (R. I.), Thompson of Charlestown, Willard Parker of New York, and Mackie of New Bedford.

Rev. Mr. Tiffany, of Springfield, expressed most appropriately and eloquently the feelings of mutual regard which should actuate the two brotherhoods in the mission of healing. Dr. Holmes illuminated his response with sparkling gems of verse. A letter was read from Dr. Jacob Bigelow, of Boston, enclosing a sentiment. Dr. Thompson, of Charlestown, in responding to a sentiment in honor of the memory of Warren, who fell on Bunker Hill, spoke in glowing terms of the patriotic spirit which animated him and other members of the profession who were among the signers of the Declaration of Independence, or who aided in the success of the revolutionary struggle. He also alluded to the labors and sacrifices of a later generation of physicians in their unwearying devotion to the welfare of the communities in which they lived; and referred as an example of heroic bravery and self-denial, to the career of the late Dr. Ebenezer Dale, of Gloucester, the father of the presiding officer, who, though himself the victim of mortal disease, never hesitated or faltered in the discharge of the most arduous professional duties, fulfilling them in tempest or sunshine, among the poor or rich, with the same unvarying kindness.

The Committee of Arrangements deserve much praise for the manner in which their duty was accomplished. Many attentions were shown by the citizens of Springfield, by hospitable invitations, and in conducting members of the Society in various delightful excursions in the vicinity. The novel attractions of the U. S. Arsenal, its workshops, and the glorious view to be enjoyed from the top of the principal building, were appreciated by a large number of visitors. Others improved the hours, previous and subsequent to the meeting, in excursions along the beautiful valley of the Connecticut. Every one spoke of the occasion as one of the most delightful which it had ever been their fortune to enjoy, and of Springfield and its people as certain to be long held in remembrance.

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#### MEDICAL ASSOCIATION OF SOUTHERN CENTRAL NEW YORK.

A correspondent furnishes us with the following account of the anniversary meeting of this Association. A large number of papers appear to have been read, and we are glad to notice so much evidence of a flourishing condition of the Association.

MESSRS. EDITORS,—The late meeting of the Medical Association of Southern Central New York was held at Elmira, on the 5th and 6th inst.

The attendance was moderately full, and the spirit animated and eminently encouraging. Never were the benefits of association more clearly exhibited than in the results of the annual gathering of this Society.

Among the papers read may be mentioned the able address of the President, Dr. French, in which he discussed the history and treatment of *ovarian tumors*; Dr. Hyde, on rupture of the uterus; Dr. Burr, on the pathology of croup; Dr. Allen, on alcoholic stimulants, and a report on obstetrics; Dr. Daniels, on opium and mercury in dysentery, and on accidental cure of hydrocele; Dr. Swain, on epidemics and endemics; Dr. Holmes, on excision of the tonsils, and on chloroform in peritonitis; Dr. Green, on lemon juice in rheumatism; Dr. Moe, on surgery of Tompkins Co.; Dr. J. G. Orton, on chemical pathology, a report on surgery, and on vital statistics of Broome Co.; Dr. N. R. Derby, on excision of the astragalus, and a report on obstetrics; Dr. Arnold, a report on epidemics in Tioga Co.; Dr. Nivison, on surgery; Dr. Brooks, on rupture of urethra; Dr. Jerome, on obstetrics; Dr. S. West, on hemiplegia; Dr. H. S. West, on sub-acute pleurisy; Dr. Woodward, on endemics and epidemics of Chemung Co.; Dr. Kingman, a report on obstetrics; and Dr. Eastman, a report on the surgery of Tioga Co.

Dr. French offered the following resolution, which was unanimously adopted:—

“*Resolved*, That this Association hails with pleasure the effort now undertaken by Dr. Stephen Smith, of New York City, to collect and systematize all the knowledge now to be obtained on the subject of Medical Jurisprudence in its application to the practice of medicine, surgery and midwifery; and that we as members feel bound to aid him by furnishing him material for the work, and by purchasing the same when published.”

The importance of such a work as the one alluded to in the resolution—a distinct work on Mal-practice—is becoming more and more felt. Let each medical man who has any facts bearing on this subject, communicate them to Dr. Smith, at No. 183 Hudson street, New York City. Dr. Smith is one of the editors of the N. Y. Journal of Medicine, and is also one of the Surgeons of Bellevue Hospital—a man, we are persuaded, every way qualified for the task of writing a work of this kind. Let reports of trials be forwarded, as they will make the work more complete; and if they are promptly communicated, the work will be sooner brought before the public. Facts relating to *threatened* suits for alleged mal-practice, will have their value. The collection of the facts thus brought together will result in the establishment of principles for the guidance of the courts, which will be of the greatest value to the profession, and “will strongly tend to arrest the indiscriminate prosecution to which medical men are now subjected.”

The officers of the Association for the ensuing year, are—Dr. N. R. Derby, of Elmira, *President*; Dr. George Burr and Dr. H. N. Eastman, *Vice Presidents*; Dr. T. H. Squire, *Recording Secretary*; Dr. J. G. Orton, *Corresponding Secretary*; Dr. J. H. Jerome, *Treasurer*. The next annual meeting will be held in Binghamton. C. G.

June 26, 1855.

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#### ACCIDENTAL POISONING.

WE have already called attention to the numerous accidents which have occurred from exposing poisonous or dangerous mixtures in families, without carefully designating their nature. A melancholy case, which was briefly noticed in our last number, induces us again to remind our readers



of the risks to which their patients may be exposed by the omission of proper precautions. The contents of a closet which was being cleared were placed upon a table, and among them was a vial containing a quantity of the pernitrate of mercury. A child, playing about the room, drank off the contents of the bottle unobserved, and in consequence died. The coroner's jury found that there was no mark upon the bottle to designate the dangerous nature of its contents, although it appears that the label bore a number corresponding to the physician's prescription. We know some physicians who never order a medicine of this nature without directing the word "Poison" to be inscribed on the label. This is a good rule, and had it been followed in this instance, it is probable that the accident would not have happened.

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#### HEALTH OF THE CITY.

DURING the week ending June 23d, there were ten deaths from smallpox, in this city, out of a total mortality of 69, being a proportion of more than 14 per cent. Assuming the mortality of the disease to be 1 in 4, the number affected with smallpox during this time was 40. It is thus evident that notwithstanding the inducements for vaccination held out by the city government, a considerable number of persons neglect to avail themselves of this means of warding off so loathsome and fatal a malady. It is probable, from the known precautions of most European governments in causing all classes of their inhabitants to be vaccinated, that a considerable number of the victims were Americans. We are inclined to believe that the practice of vaccination is much neglected in our country towns, and as far as our observation goes, this is particularly the case in the thinly-settled districts of Maine, which furnish a considerable number of our female domestics, many of whom come here without having been protected. A few days since, a countryman from that State, while visiting Boston, called upon us "to get inoculated for the smallpox," but not only declined submitting to the operation of vaccination on account of what he considered our exorbitant fee (one dollar), but would not even take the trouble of applying at the office of the City Physician to have it done for nothing. We really think the laws ought to compel parents to exhibit satisfactory evidence that their children have been vaccinated within a certain period after birth. It may be safely asserted that one-seventh of the deaths during the week were unnecessary.

Consumption, as usual, heads the list—the number of victims being 12, or 17 per cent. ; a large number for the season, but probably caused by the unusually low temperature during the month of June. The same reason may be assigned for the unusual number of deaths from pneumonia, being 6, or 8 per cent. The mortality from other diseases respectively was small. On the whole, the number of deaths is large for the season, which is usually reckoned among the most healthy throughout the year.

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#### EXTIRPATION OF THE UTERUS.

A CASE of successful extirpation of the uterus, where the operation appears to have been performed through the abdominal walls (though this is not stated), was reported to the London Medico-Chirurgical Society in April last, by Mr. John Windsor, of Manchester. The operation was performed in 1818, and an account of it was printed in the tenth volume of the Society's Transactions. The woman died October 27, 1854, from an accident, at the age of 68. For two years after the operation the patient

had discharges of coagula at intervals varying from two to six months, but these ceased after the age of 50. At the autopsy, the os uteri was apparently in its normal state, and about half an inch in width. A probe passed into it about three eighths of an inch. Some remains of the Fallopian tubes and ovaries were found. The case is rendered additionally interesting from the fact that the woman was four times the subject of strangulated hernia; and that on the first occasion, no surgical treatment being permitted, the tumor sloughed, and fæces were discharged from the wound, and in six weeks the opening spontaneously closed. She was afterwards twice operated on, at intervals of six weeks.

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#### EMPLOYMENT OF CHLORATE OF POTASH AS A TOPICAL APPLICATION.

WE have often employed this medicine internally, apparently with great success, in aphthous and other affections of the mouth, in children. We notice in a recent number of the *Lancet* that it has been used by Mr. C. H. MOORE, Surgeon to Middlesex Hospital, London, in solution, in the proportion of one drachm and a half to three drachms to one pint of water, with benefit in cases of indolent ulcer and phagedena, in cleansing cancerous sores, and as an application to the mucous membrane of the nose, mouth and tongue, in cases of ozæna, and secondary ulceration. Mr. Moore suggests that its beneficial effects are probably due to its setting free oxygen, and proposes it in some forms of dysentery with affections of the lower bowel. Mr. Cæsar Hawkins has also employed the solution with tincture of myrrh in cases of phagedenic ulceration, with good effect. For internal use, he recommends from half a drachm to a drachm in a larger quantity of liquid.

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#### VERMONT MEDICAL COLLEGE.

It gives us pleasure to be able to announce the success of this Institution. From the new Faculty, the organization of which was only made last year, a most brilliant and thorough course of lectures has emanated, and the constancy with which the class continued their attendance, up to the end of the term, demonstrates more forcibly than could any other fact, the interest excited among the students. From what we know of the men, we may be allowed, without making invidious distinctions, to allude particularly to the lectures on anatomy, and physiology, the former recurring during the first half, the latter during the remainder of the term. Dr. Elliot's course on anatomy was unusually instructive from his novel arrangement of the subject, the organs being taken up in their natural relations, instead of being classified, according to similarity of tissue, so that the connection with physiology, practical medicine and surgery, became more evident. His lectures had also the signal advantage of being illustrated by a large number of dissections, prepared in such a way as to be passed around the class, so that each student could see and handle the part lectured upon. In connection with this course, two evenings in the week were devoted to microscopic examinations, which were made available to the whole class by means of five excellent microscopes.

The lectures on physiology, by Dr. John C. Dalton, Jr., were introduced by an admirable course on microscopic anatomy, illustrated, as, indeed, was the whole series of lectures, by numerous diagrams and plates. Traversing the whole ground of physiology so far as the limit of eighty lectures would allow, particular stress was, however, laid upon the subjects of nutrition and re-production. All the vivisections, which in the hands of Bernard have led to such splendid results, were repeated before the class. The ac-



tion of all of the digesting fluids was examined in this manner, by means of fistulous openings. The various other phenomena, such as those referring to the nervous system, &c., which are more readily demonstrable to the eye, than understood from the study of books, were so presented that all had the opportunity of seeing for themselves. His lectures closed with an exceedingly interesting course on embryology, in the pursuit of which he has already attracted much attention elsewhere.

The course on surgery was of the most thorough and practical character, and the students had the opportunity of witnessing a considerable number and variety of operations. It is customary for persons requiring surgical treatment, in all the neighborhood, to present themselves during the session, when they receive attendance without charge. Many of the patients who came for operations were from a distance of 25 or 30 miles from Woodstock, which indicates the high appreciation in which the College is held.

In fact, all the lectures were of a high order, and it is for the want of space that we have selected three out of the eight courses, for our remarks.

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*Sudden Death in a Case of Latent Pneumonia.* By T. J. ASHTON, Esq. —A hawker of cutlery had been ailing for two or three days, and on Jan. 14th was found dead in his bed. The whole left lung was in an advanced stage of pneumonia; the right lung was hepatized. There had been no symptom pointing to the disease during life.

Dr. Quain said that Mr. Ashton's case was one of extreme interest from its intimate resemblance to another of equally peculiar character. A man of middle age and stout conformation had been noticed as ailing during one day, and on the next morning he was found in bed, insensible, and breathing heavily. A surgeon was sent for, who pronounced the man apoplectic, and bled him freely. He died during or immediately after the operation. There was no disease of the brain. There was found extensive pneumonic inflammation of the right lung.—*Association Med. Jour.*, 1855.

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*Formula for the Internal Use of Chloroform.*—M. DANNECY, pharmacien at Bordeaux, recommends the following formula:—Pure chloroform, half a drachm; oil of sweet almonds, two drachms; gum arabic, one drachm; syrup of orange flowers, one ounce; distilled water, two ounces;—mix the chloroform with the oil, and make an ordinary oily draught. The author also gives a very ready mode of testing the purity of chloroform. Mix the latter with some oil; if the chloroform be quite pure, the limpidity of the oil will not be destroyed; whereas, any chemical impurity, however small, will give rise to a cloud.—*London Lancet*.

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*Communications Received.*—Case of Double Pneumonia; Case resembling Tetanus; Review of Dr. Tyler Smith on Leucorrhœa; Case of Infantile Syphilis; Life Insurance Companies, and their Treatment of the Medical Profession.

*Books and Pamphlets.*—Sixteenth Annual Announcement and Catalogue of the Baltimore College of Dental Surgery. Baltimore: John W. Woods, Printer. 1855.—Rushton's Treatise on Cod-liver Oil, &c. New York: 1855.—Obstetric Clinique. By Gunning S. Bedford, M.D. S. S. & W. Wood. New York: 1855.—The Therapeutic Institute. Attica, N. Y.: 1855.

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*Deaths in Boston* for the week ending Saturday noon, June 30th, 55. Males. 31—females, 24. Accident, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 13—convulsions, 2—cholera morbus, 1—croup, 3—dropsy in the head, 2—drowned, 1—debility, 2—infantile diseases, 7—erysipelas, 2—typhoid fever, 3—disease of the heart, 3—hæmorrhage of the lungs, 1—inflammation of lungs, 1—jaundice, 1—rheumatism, 2—pleurisy, 1—suicide, 1—small-pox, 1—teething, 3—tumor, 1—worms, 1.

Under 5 years, 23—between 5 and 20 years, 6—between 20 and 40 years, 17—between 40 and 60 years, 7—above 60 years, 2. Born in the United States, 36—Ireland, 15—Germany, 2—Spain, 1—England, 1.

*Illness of Dr. Page, of Louisiana.*—The following notice, from a Vicksburg newspaper, will be read with interest by physicians in this part of the country. Dr. Page is well known to many of our readers as a son of the late Dr. Benjamin Page, of Hallowell, Me., and a frequent contributor, in former years, to the pages of this Journal.

"We regret to learn that Dr. Page, of Louisiana, continues seriously ill, at his brother's residence, in Hinds County, where he has been confined for several months past, from the effects of a pernicious fever, which seized him soon after his return from his charitable visit to Franklin, during the epidemic of last autumn. We understand his family have just rejoined him from Washington City. Late accounts are more favorable of his recovery, and his friends now confidently hope that he may be restored, to resume his medical practice, in which he has so long been eminently and successfully engaged. Dr. Page's illness, at the present moment, is of public and professional concern, as his elaborate work on Cholera and Yellow Fever, which was announced ready for the press some time since, awaits his recovery for publication."

*Treatment of Vaginitis.*—The *Union Medicale* of Jan. 18th, contains an interesting paper by MM. Becquerel and Rodier, on the different modes of treatment employed in vaginitis, founded on observations made at the Hospital of Lourcine, at Paris. Although no description is given of the disease, we presume that most of the cases were those of acute and chronic gonorrhœa, as the hospital is designed exclusively for the treatment of the venereal diseases of women. The following applications were employed for a considerable length of time upon a large number of patients.—1. A concentrated solution of nitrate of silver.—2. A more diluted solution of the same (16 parts of the salt to 120 of water.—3. The solid nitrate of silver.—4. Tincture of iodine.—5. An ointment composed of lard and alum.—6. A concentrated solution of tannin.—7. Benzia, employed internally, as well as locally. Of all these applications, the writers consider the concentrated solution of tannin (equal parts, by weight, of tannin and distilled water), applied directly upon the inflamed mucus membrane of the vagina, to be the best, as being the least painful, and least offensive. Of 28 cases treated in this way, all were cured, the average time being from 20 to 27 days, and the number of applications from 7 to 8. The tincture of iodine was found to be an excellent application for chronic and acute vaginal leucorrhœa, not accompanied by an inflammatory condition of the mucous membrane; requiring between 12 and 13 days, and 4 or 5 applications.

*Cancer of the Bladder, Uterus and Vagina.*—By WEEDON COOKE, Esq.—Mr. Cooke exhibited (to the *Harveian Society*) the bladder, uterus and vagina of a young woman, aged 29, who had died of cancer of these organs. The disease had commenced three years previously (at 26 years of age), just subsequent to a confinement with a still-born child. There was no hereditary predisposition discoverable in this case; and Mr. Cooke stated that such predisposition is only shown in 17 in 100 cases, as observed by him in 500 cases of true cancer. The microscope displayed the true cancer-cell in this instance; and Mr. Cooke believes it may be seen in all cases of scirrhus and epithelial cancer, although often absent in the medullary form of the disease. The youth of the patient was somewhat remarkable, inasmuch as the average age of women who have come under treatment for this disease at the Cancer Hospital, is 43 years. For three weeks before death, the patient had passed her urine involuntarily, owing to—as was shown in the pathological specimen—an ulcerated opening from the bladder into the vagina.—*Association Medical Journal*, 1855.

*Calculus adherent to Bladder by means of a Needle.*—By J. SIMON, Esq.—Mr. Simon, a few days ago, performed the operation of lithotomy on a boy about 6 years old. After removing the calculus, he felt something in the bladder, which, on removal, proved to be the head half of a needle. The other part of the needle was found in the calculus. Mr. Simon supposed that the needle had been introduced from the rectum, and that the portion which projected into the bladder had served as a nucleus for the calculus.—*Ib.*



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## OBSERVATIONS ON DELIRIUM TREMENS.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT the first case that fell to our own responsible care, happened to be one of this disease; and at the time of commencing this article, nearly ten years subsequent, we have just dismissed a similar one. Circumstances having thrown numerous patients of this class in our way, our attention has been strongly directed to the subject, and therefore it is thought fitting to perform a duty which every physician owes his profession; for progress never results from undivulged experience.

The first case and the last case resulted in a similar manner, with this exception, that the first had several subsequent attacks, to one of which he ultimately succumbed; but the latter, we have little doubt, will have no repetition of the paroxysm. Experience has convinced us that, in the vast majority of instances, this may be considered not a hazardous prognosis.

The diagnosis of delirium tremens, to the practised eye, is a matter of little difficulty, although explanation of the reasons which lead to it in cases involving suspicion of other forms of delirium or insanity, is troublesome enough. Typhoid fever, asthenic meningitis, traumatic derangement, and some other disorders occurring in individuals obnoxious to the causes of true *mania a potu*, present obstacles to description that we are confident preclude satisfactory elucidation to the novice. Nevertheless, actual observation of a few cases in practice will enable the decision to be made fearlessly and with security. The same thing is true with reference to many other forms of disease—written or oral instruction fails to communicate knowledge necessary to successful diagnosis and therapeutics. The seeing eye, acute perception, *tactus eruditus*, and retentive memory of sensations, are indispensable. This is the probable meaning of the old authors who wrote—"there is nothing of certainty in medicine except our sensations." The current pathology has classed delirium tremens with simply *functional* disorders. This is the view taken by Armstrong, Gregory, Watson, Williams, Jas. Bird, Prof. Wood, Carter, and other prominent au-

thors ; the various morbid appearances after death being considered merely as complications.

Now, were this view theoretical only, little need be said of it ; but unfortunately the influence of treatment is marked, and indeed overpowering—leading one to wish here, as well as elsewhere, that the term “functional disease” could be stricken from medical nomenclature. Thus a vast battery of appliances has been alternately recommended and discarded. Opium and other narcotics, in doses large and small, tartarized antimony and other emetics, mercurials, venesection, digitalis, ammonia, camphor, alcohol, and the padded cell, with solitude and time—are among the more generally sustained agencies.

Without delaying upon theoretical considerations, let it be recollected that the nervous system—brain, spinal cord and their prolongations, with the ganglionic chain, are substantive matters as certainly as the muscles and bones ; and moreover that they require for the due performance of their functions, an adequate supply of properly-elaborated blood. The myriad of cells whose development, maturation and death are, at least, coincident with the vital action of that portion of the organism, may not present in their aggregation the gross phenomena of inflammation, and yet be radically diseased. Variations in quantity and quality of nutriment alike impair and destroy.

To the blood, then, and to the organs which elaborate it, or to the food received, are we forced to look for the fountain of evil. The impairment of the blood may depend upon a temporary cause, or upon profound organic lesion. That temporary cause, and that lesion, are the objects of treatment, and not solely the production of sleep. The delirium here is but a symptom of disease, and so is the vigilance, and so is the muscular trembling.

Three cases I have examined carefully *post-mortem*. In these cases there were found thickening of the gastric mucous membrane, with the dark livid appearance well represented in Dr. Sewall's fourth plate. In one of the stomachs were found large masses of putrid meat, swallowed three days previous to the attack, or five prior to the death. In all there were patches where the minute rugose surface seemed to have entirely disappeared, there being no trace of the tubular arrangement or villi. Near the cardiac orifice, the plexiform arrangement of the membrane in one instance was remarkably exaggerated, apparently from general hypertrophy. With a common pocket lens, the orifice of the tubules seemed large enough to introduce the head of a pin, or like the follicles of Lieberkühn in the rectum. The intestinal canal elsewhere presented no lesions, or anything noteworthy except its emptiness. In two of the cases there was cirrhosis of the liver, and in one fatty degeneration. The kidneys in each were large, flabby and pale. The lungs of two were healthy—the other had tubercles at the apices, a multitude of granular concretions, and several distinct cicatrices. This latter appearance was noticed par-



ticularly at the time, but my notes are not so full as I now wish. Dr. Bennett describes them accurately, in a similar case, in his essay upon Pulmonary Tuberculosis, chap. 1, sect. iii. The ventricles presented considerable serous exudation, but the membranes and mass of the encephalon were exsanguine. At the base there was a degree of venous congestion attributable unquestionably to moribund syncope.

These general anatomical features I find to correspond with those usually observed. Several others have been noticed—patches of meningeal, pulmonic, bronchial, hepatic and renal inflammation, Bright's disease, &c. &c. But no single set of morbid changes has occurred, with such constancy, as to incline authors to attribute the disease itself to them as "proximate cause." Opinions differ, or at least expressions.

Much discussion has arisen upon the point whether the delirium is caused by the withdrawal of an accustomed stimulus. This is ordinarily assumed to be the case, but the veriest tyro must have seen victims of this disease with the poisonous fumes of alcohol reeking in their breath. On the other hand, habituation to the use of any compound, that is not substituted by another of similar properties, is well known to require continuance, under peril of more or less serious derangement. This is undoubtedly a diseased condition, but, like the eye of a prisoner in a dark dungeon, it requires cautious change.

The blood disorder which results in delirium tremens is to be treated where it commences. That which ensues from a single debauch needs but little of correctives; the effete matters are readily eliminated by the comparatively healthy excretories. But the chronic cases, with frequent paroxysms, must be met by more attention and effort. The sensation of hunger appears to be due mainly to the sustenance of animal heat. Alcoholic drinks control this sensation to a great extent. The primary stimulating impression upon the stomach, it is true, augments the desire for food, but the secondary effect is to lessen it. The stimulant may produce immediate local disorder, which prevents digestion. Thus in each of these ways alcohol starves all the organs not involved in the respiratory function. Or, again, it may produce persistent organic disease of the stomach, liver, or other glandular organs. The mode in which the stimulant is taken determines very accurately the resulting effect. Taken in an exceedingly dilute form, as in ale, beer and light wines, or commingled with the elements of food, it may be said never to produce delirium tremens. The observations on tuberculosis in the second number of this volume, upon this point, might be re-produced here, *totidem verbis*.

The practical inference is simply this, that even though we may not dissuade our unfortunate patient from his cups, we may so regulate even his excesses that he will be little liable to this, his great horror. Tell him to cultivate the acquaintance of the cook *before* that of the bar-tender. Dilute (and here, infinitesimally,

all the better) the stimulant, so that lesion and disorder will not occur. If the appetite fails, then is the time to see the physician, who must anticipate the paroxysm as he would an ague. The rules of treatment are simply those of dyspepsia, or of acute or chronic disease of the digestive organs.

Mercurial and other alteratives, counter-irritants, and even venesection, may be required. Mark, that the great point is to restore digestion and appetite—and, in nine cases out of ten, eliminating agents are the thing. Calomel, blue mass and aloes among the cathartics, and acetat. potassæ among the diuretics, are, perhaps, the best. Then follow with simple tonics, like cold infusion of cort. prun. Virgin. or quassia and camomile—or, perhaps, the old mixture of angustura and sem. juniperi, mineral tonics, iodide of iron, bismuth, &c., of course may be useful at times. Above all, do n't think, when the patient is about again after a paroxysm, that he is well, any more than he would be in the intermission of ague.

The treatment of the paroxysm, of course, must vary according to both commemorative and present symptoms. Sleep is indicated, but as a sign of remission, not as an evidence of cure. A sufficient degree of elimination and nutrition must be secured. Depuration may take place without assistance, and so may nutrition of the nervous apparatus, as every physiologist can explain. It is all important to discriminate when and how much to interfere.

The threatened paroxysm may often be avoided by the use of simple ant-irritants and laxatives. Thus the nervous excitement will frequently succumb to a simple pill like this. R. Ext. hyosey. (opt.), gm. assafœt., āā gr. ij.; sapon. venet., gr. j. M. Repeated every hour or two p. r. n., and then fifteen grains of blue mass at bed-time, followed by the senna draught in the morning. Or the quieting agent may be of a more stimulating character, as liq. anod. Hoffm., morph. acet. and mist. camph.; or, again, a mixture of laudanum, comp. spts. æther, tinct. assafœt. and c. spts. lavender; or tinct. camph.; or of chloric ether in comp. tinct. of cardamoms. But none of these things should be relied upon, except for sustaining the system till depuration takes place. When the grave paroxysm has already come on, it may often be relieved speedily by a full dose of calomel and Dover's powder—say gr. xij. of the latter to gr. xv. of the former. This is all the stomach will ordinarily bear. Larger doses of opium are rarely well borne, and other preparations of this drug scarcely have so pleasant an influence. Emetics, in the writer's experience, are too apt to get up an irritable stomach, a complication more to be dreaded than any other. The profound sedative influence of tart. antim. and similar agents, if it can be secured without emesis, however, favors much the absorption of alterative medicines and the functional action of the excretives. When this latter fails, as is manifested by the dry tongue and skin, by the cessation of healthy discharge from ulcers, if present, or the dry and angry appearance of accidental abrasions, the prognosis is exceedingly grave. Secretion



must be re-established, or the patient will die. Neither alcohol nor opium will do it, homœopathy will fail, and assimilative "expectancy" likewise. Support is imperative, and calomel a duty. Concentrated beef tea inside, and an epispastic outside the stomach, are good remedies. The constant inclination to vomit will not infrequently be relieved by minute doses of prussic acid in syrup. morph. acet., or syr. creosote and morphine. Neither here nor elsewhere, has the writer any confidence in the effervescing draught for this purpose.

Some cases will occur in which nothing will control the difficulty but raw spirit in large doses. And this is the only instance where this is good practice. Forcing sleep by it, is simply analogous to "breaking up" pneumonia with a red pepper or brandy sweat. You *may* do it, but if not, *cavete!* Opium—ditto; chloroform—ditto; *alii*—ditto. It is a trite medical truth, that many diseases are critically resolved in sleep, and this is the case here very frequently. But *the paroxysm will return more speedily and be more difficult of control*, unless sleep has been solicited, not compelled.

The homely Scotch Æsculapius remarked, "There are twa things, Sir Astley, to be aver kepit in min'; to keep faith in Gode, for hereafter, and to keep the boodel open, which'll do for here." But after all, something more is necessary. The delirium may be prolonged from actual inanition. Starvation is to be guarded against, as well as proper medication provided for. Practitioners complain of difficulty in inducing patients to take nutriment, but the writer is inclined to believe this less difficult than ordinarily supposed. The patient can be readily persuaded by a good nurse, or physician of moderate shrewdness. Fall in with the current of his ideas and have tact enough to direct them. Take medicine with him, drink with him, eat with him, and pretend to sleep with him. This may fail for some time, but by proper tactics will before long succeed. The writer has scarcely ever failed in this management. Oyster soup, rich animal jellies and broths, and essence of beef, are preferable. Or egg-nogg, or wine sangaree. *Feed the patient with something nutritious, and keep up secretion*—the whole in a nutshell. And when he sleeps, don't let him sleep finally. The pulse is to be watched, and the strength supported by nutriment, dilute spirits, wines, &c. Prevent any recurring paroxysm by the regimen and treatment heretofore spoken of.

The unexpected length to which this paper has already stretched, prevents further detail at present.

MICHIGAN.

## MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO III.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

*Double Pneumonia—Hypertrophy of the Heart with Dilatation.*—JORGAS SNELLE, born in Holland, servant at the House of Reformation, entered the upper male ward, on Saturday, January 27th, on account of pain in the back, which he referred to the spinal column. He had no tenderness, and his appetite was good. Was seen by Dr. Shaw, who gave him a Dover's powder.

January 1st.—I saw him at 10, A.M. Has had several attacks of acute rheumatism. His knuckles and other joints are enlarged, and his heart beats far over to the left side, which has before been often noticed by Drs. Shaw and Herrick. Complained of pain in the back, which was not constant. A casual examination of the heart showed exaggerated impulse and souffles, which both gentlemen had observed as long as they had been connected with the House. There was hardly an acute symptom except the pain in the back, and with this exception, and a rather rapid pulse, there being neither cough nor dyspnœa, he was not considered very sick. Another Dover's powder and a sinapism were directed.

29th.—Found him up and dressed. Felt well, asked for food, and expressed disappointment at not being allowed to gratify himself, which was not permitted, because he had a pulse of 120, and a dry and red tongue. He suffered nothing, and there was nothing very peculiar in his appearance. He was advised to go to bed.

6, P.M.—Dr. Shaw found him in bed, breathing rapidly and noisily, so much so, that he could not decide with certainty on the existence of any sound in the chest, the percussion of which was normal, except over the heart, where the dulness was more than usually extensive, and the right back, which was flat over the middle lobe. The pulse was rapid and feeble. Got at once infusion of ipecac.,  $\frac{3}{4}$  ss. [This was a House-of-Industry preparation, of the same strength as the vinum ipecac.] No nausea followed, but he refused to take anything more.

30th.—Saw him at 11, A.M. His respiration during the night was so noisy as to disturb the whole ward. Lies upon his back, and rises without difficulty. Percussion of the right chest flat throughout. Left chest as yesterday. Sounds and impulse of heart very feeble and indistinct. Coarse mucous rales, and nothing else to be detected in both chests. Pulse very rapid and feeble. Eight cups were applied, which drew so little blood as to be of no consequence.

6, P.M.—Dr. Shaw reports him as much more feeble; surface livid and quite cool. Has just had a mustard bath and infusion of ipecac.,  $\frac{3}{4}$  ss., which is all the medicine he can be prevailed on to take. Died on the morning of January 31st.

*Autopsy*, at 10, A.M.—The lungs did not collapse on opening the



chest. Both perfectly adherent behind, with old adhesions. Left lung adherent at side ; adhesions organized, full of bloodvessels and easily torn. The sternum and cartilages not at all bound to the lungs. Both lungs entirely hepatized, passing into the third stage, with the exception of a part of the right, of the size of one's forefinger, and at the lower edge. This small portion crepitates perfectly. Bronchi, as far as can be traced, injected with arborescent vessels. Both lungs sank in water.

*Heart* hypertrophied and dilated ; weight twenty-six ounces. Aortic valves insufficient from thickening, each containing a calcareous deposit. Above the valves, the aorta studded with atheroma.

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#### ON THE RUDIMENTARY REPRODUCTION OF EXTREMITIES AFTER THEIR SPONTANEOUS AMPUTATION.

[From the forthcoming Work of Prof. Simpson, of Edinburgh, and now for the first time published.]

ON the stumps of limbs that have seemingly undergone an early spontaneous amputation in utero, there is often seen a species of anormal structure, which has not as yet, so far as I am aware, been described in any existing work on the subject of monstrosities. I allude to the appearance on the ends of many such stumps of a projecting mass, or nodule, varying in size from a small cutaneous ridge to the bulk of a walnut, and having protruding from its surface one, two or more still smaller fleshy divisions or projections, which are provided at their extreme points with nails.

This variety of anormal structure is by no means rare. Several years ago, while searching for instances of it, I found five or six living examples in Edinburgh and its neighborhood ; and I have seen some, and heard of many more, living in different parts of Scotland and England. It is interesting, however, not so much for the frequency with which it is met with, as from the nature of the anormal structure itself, consisting, as I believe it does, of a tendency in the human subject to the reproduction of a lost extremity.

As a general law, the power of repairing and reproducing lost parts decreases as we ascend from the lower to the higher parts of the animal scale. In the lowest and simplest forms of animal life, as in polypes, not only are separated parts or segments rapidly restored, but the separated segments themselves sometimes become developed into whole and perfect individuals. A hydra was cut at different times into various portions by Trembley, and fifty separate individuals of the species were developed from the segments of one. Johnstone and Duges have shown that animals with a much higher organization—viz., the planariæ—could in the same way be multiplied by artificial subdivision ; and Lyonnet and Bonnet found the same true of the *nais*. As we ascend upward in the scale of life, all power of self-development in separated parts or segments disappears, but the power of regenerating these lost parts or segments

is retained to a greater or less degree by the general body of the animal. When the arms or rays of a star-fish are broken off artificially, or when they are thrown off, as they sometimes are, in the lingthorn, or *Iluidia*, &c., by a true "spontaneous amputation" on the part of the animal, the lost arms are betimes entirely restored. In crustacea a separated or amputated limb is also rapidly renovated. The head or anterior rings of the earth-worm and other annelida are generally regenerated after their decapitation; and the power of reproduction is still so great in the mollusca, that the snail, according to Schweigger, has sometimes its head and antennæ restored after they are removed by amputation, provided the cephalic ganglion lying above the œsophagus be left uninjured. In the lower divisions of the vertebrata we have the salamander still capable of re-producing an entire leg or tail, or even of forming a new under jaw; and the triton can regenerate, as in Blumenbach's experiments, a complete and perfect eye. But in the higher and warm-blooded vertebrata this power of repairing and restoring lost compound parts and organs seems totally, or almost totally, wanting. In man, not only are complex individual parts, however small, generally held incapable of restoration, but portions of the higher individual tissues, even, as mucous membrane, muscle, &c., when cut, removed or destroyed, are not usually regenerated in their entire organization. To this general law, however, there are the following exceptions in the human subject.

1st. When the part removed is primitively of a lower type of organization than that of the general body, restoration sometimes occurs. Thus, in a case of a child born with an additional thumb, or with a thumb double from the first joint, the outer or smaller one was amputated by Mr. White, of Manchester. It grew again, and along with it the nail. Subsequently, Mr. Bromfield, of London, a second time carefully removed this superadded portion of thumb, and turned the ball of it fairly out of the socket. "Notwithstanding this," adds Mr. White, "it grew again, and a fresh nail was formed."\*

2d. In those animals that possess, in the most marked degree, the power of readily regenerating lost compound parts, this power resides especially in the extreme points of the body, as the tail and limbs. In the human subject we sometimes find instances of an appearance of the same power in the extreme parts, as the fingers and toes. I have seen a distinct but imperfect nail grow on the end of the second phalanx of the finger, after the complete amputation of the first phalanx. Similar instances of nails, and consequently of the matrices of these nails, becoming regenerated on the tips of fingers amputated through their first joint, have been recorded by Corvisart, Ansiaux, Blumenbach and others.

3d. When, in the human subject, the removal of a compound part—such as a portion of an extremity—is effected in early fœ-

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\* Regeneration of Animal and Vegetable Substances, p. 16.



tal life, and consequently at a time when the physiological powers of the young human being are more assimilated to the reparative and other powers of animals of a lower type in the animal scale, the lost part seems capable of at least a partial and rudimentary restoration. In the animal kingdom generally, we find the power of regeneration greater in the inverse ratio of the degree of development or age of the individual. The more perfect hexapod insects never reproduce a lost limb ; but in the larvæ of these same insects, limbs and antennæ are restored after their removal. The experiments of Heineken show that the arachnida, in the same way, lose the property of regenerating their legs after they have ceased to change their skin, and have reached their full or adult development. It is only in the young frog that reproduction of a limb occurs ; and Spallanzani found that the rapidity with which the tail of the tadpole and the limbs of the salamander are regenerated, was always in an inverse ratio to the age of the animal. So while in the human subject after birth we never see any trace of the reproduction of a limb after amputation, we have the contrary, as I believe, evidence of the possibility of their rudimentary regeneration in the appearances sometimes seen on the ends of stumps resulting from spontaneous amputation in early foetal or embryonic life.

In most of the cases in which I have observed this appearance of a rudimentary regeneration of an extremity, the spontaneous amputation had occurred in the upper half of the forearm; and the general resemblance of these cases to each other is very remarkable. Usually the rounded end of the limb has exactly the appearance of a stump after amputation, and is well covered with soft parts. Two points of the skin, or rather of the subcutaneous tissue, are found adherent to the ends of the ulna and radius, and present a depressed or umbilicated form, particularly when the forearm is flexed or moved, and the fissures of the skin seen in converging lines to these two points as centres. Midway, and a little in front of these two points, the rudiment of the regenerated extremity is situated in the form of a raised cutaneous fold or fleshy mass or tubercle, and having on its surface one, two or more smaller projections or nodules, furnished with minute nails. In the instance of a young woman of 18 years of age, four such imperfect fingers were seen, two of them tipped with nails. In this, as in most other cases, the left arm is the seat of the mutilation, but I have seen the right similarly affected.

The stump of the left forearm of a foetus of the seventh month, is preserved in the Obstetric Museum of the University of Edinburgh, having five small rudimentary fingers tipped with minute nails in the usual position on the end of the stump. But the case is principally remarkable for the circumstance, that the cicatrization over the ends of the ulna and radius is not complete. There is an aperture at the end of the radius, through which the end of the bone can be felt when the point of a pin is passed through it.

The ulna projects to the cutaneous surface of the stump, and has a small wound or circle of uncovered granulations still around it; or, in other words, the cicatrix of the stump is as yet incomplete.

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#### HISTORY OF A CASE RESEMBLING TETANUS.

[Communicated for the Boston Medical and Surgical Journal.]

On the evening of April 10th, 1855, I was called to a stout, full-grown boy of 17 years, who was suffering with violent spasms of the character which I shall relate. His father reported that on March 26th, he had cut his left foot with an axe nearly over last metatarsal bone, for three or four inches. The wound was dressed with adhesive plaster, and everything went well till March 30th, when he was attacked with delirium and such spasms as he exhibited at my visit. His foot was then found swollen, and half way from ankle to knee was in similar condition: all pale and pitting on pressure, with universal tenderness as far as knee. A poultice was substituted for the plaster; a little matter was discharged, the swelling subsided in three days, and afterwards the pain also, and the pain did not return till to-night. The spasms continued for three days and nights, after which they subsided; but his mind continued to wander at times every day. While talking, he would suddenly stop, apparently excited to anger by some mental delusion. Was at Clarendon, on the west side of the mountains, when hurt, and has since returned home. Seemed doing very well, walking about with crutches—till about dark to-night (April 10th), was attacked suddenly with violent spasms. I reached the house at 8 o'clock. He was sitting on the bed—and the instant he saw me, sprang back to the wall with every demonstration of horror in his face. I approached him immediately, when he first put himself in an attitude of defence, striking at me with violence, and then seized me by both arms, and after struggling violently for a minute or two, suddenly fell back into perfect opisthotonos, resting on his occiput and his heels alone, and turning gradually towards the left side; so that while at first there appeared to be equally strong contraction of both sides of the body, that of the left gradually overcame the other—and from resting like an arch upon the bed, he turned over by degrees so as to rest finally on the left side. His hands were clenched, sometimes above his head, sometimes across his chest, with his elbows resting on the bed. All the muscles appeared to be in strong contraction, in different degrees. Watching these paroxysms in their many recurrences on this evening, they seemed always to begin with spasm of the throat, which was immediately followed by general spasm, always appearing in the form of opisthotonos, and always becoming more powerful on the left side. The whole occupied hardly more than two minutes. A few minutes after they had ceased, he would open his eyes, and answer



questions quietly and coherently. His respiration was somewhat labored in the intervals. His sanity frequently gave way to incoherence. His expression was often mild ; he lay on his back, turning his head suddenly by starts from one object to another, or more often glaring at the ceiling or at some imaginary object in the air—reminding me strikingly of the ways of a patient who is laboring under an attack of delirium tremens. The slightest noise or movement in the room, the moving of a lamp or the opening of a door, was sufficient to make him spring up to a sitting position, and to change his face from a rational expression to that of a maniac—and this was often followed by a tetanic spasm. These spasms, however, came on many times while he was lying quietly in bed, and nothing occurring to disturb him.

Examining his foot while he was rational caused no excitement—but when he was incoherent, he resisted it forcibly. There was a straight wound, as described, nearly healed, looking well, without swelling and with very little tenderness. No appearance of pus or œdema. Says he has pain in knee and along outside of leg, but no tenderness ; has liked to have knee rubbed.

Has eaten heartily ever since wound, and of all kinds of food. For supper to-night had meat, potato and pie—a common meal for him—but not a large quantity. Soon after supper complained of pain in epigastrium, and then the spasms began at once. The first attack, eleven days ago, was also preceded by epigastric pain. He swallows well. Has been constipated ever since accident. Has taken much cathartic medicine. Has had no fever. Has slept well, except when at times delirious. Has been about on crutches. Pulse pretty full, not much accelerated. Skin natural. During delirium I find that his pupils contract well to light.

I applied a poultice to his foot, and ice to his head. The ice disturbed him at first, but he was persuaded to wear it, and lay quietly, with his wild look most of the time, his eyes glancing restlessly from one point to another. His spasms became less frequent. I applied a sinapism to epigastrium, and at 9½ gave him gr. ¼ of sulphate of morphia, and left him.

April 11th.—The ice-cap was worn till midnight, during which time he was much more quiet, and had very few spasms. Slept from 12 to 6 o'clock. Some twitching of muscles and talking in sleep—and once cried out. Had some spasms this morning, which were less severe than last night. I continued with him an hour, during which he was quite rational ; although when I came in he shrank from me and turned his back, with a shame-faced manner rather than any appearance of dread. Pulse 78, pretty full. Tongue nearly clean, moist. No nausea. Thirst. Had gruel this morning. Occasional pain in epigastrium, and some tenderness there and towards hypochondria. No complaint of foot. Reports that he has had very frequent epistaxis for a year and a quarter past ; has a great deal of headache, principally through temples,

which is always relieved by the epistaxis, which is sometimes profuse. Has had much of this pain since wound in foot.

After sitting by him for an hour, in which he was perfectly quiet and rational, I made preparation for bleeding him—which I decided to do on account of his habit of epistaxis and headache. As soon as I mentioned my intention, he sprang away, excited, breathing hard, looking wild, jumped out of bed, put on his boots, took his crutches, and began to go out of the house. He struck his father with one of his crutches, when he tried to restrain him. Both springing upon him we got him on to the bed, and with a great deal of difficulty held him there till sufficient assistance was procured to master him. All this time he was struggling with the greatest violence, scratching and trying to bite, and altogether behaving with fearful ferocity. With a strap around his arms and six men to hold him, he became so far manageable that I was enabled to open a vein in his arm. As soon as I had his arm tied up and the lancet ready to bleed, he became perfectly quiet. The blood flowed in a full stream to the amount of  $\frac{3}{4}$  xvj. a xx., when he said he felt faint; I set him up, when he grew pale and vomited, and I stopped the blood. Remained quiet, and all restraint was removed. His expression continued somewhat wild. Took  $\frac{1}{4}$  gr. of sulphate of morphia quietly, but when I brought a blister to put upon the back of his neck, he suddenly dashed it out of my hand, and then struck me. Directed ice to head.

12th.—Complained of faintness through yesterday whenever he arose. Got two teaspoonsful of brandy, with relief. Had some twitching. In the evening was very restless, and started up delirious once or twice; had no tetanic spasms; got morphine at 11, P.M. Had ice applied to his head most of the time; slept, but was restless; towards morning, fell into a good sleep. Now, he is quiet and rational; skin cool; pulse 88, soft and less full; tongue moist, nearly clean; no nausea; very little tenderness at epigastrium remaining; no other pain in abdomen; no dejection for two or three days; no headache; is very hungry; has had broth since yesterday; wants meat. May have bread and milk, and may chew beef. Take cathartic pills to-night, if no dejection.

13th.—One dejection. Got morphine. Very restless night; some twitching. Has taken three drachms of brandy since yesterday's visit. Now quiet. Pulse 98. Very hungry. Is childish. Objects to blister, but allows me to apply it to nape of neck. May omit the brandy, and take more beef.

14th.—Got a good vesication; slept well, without restlessness or delirium, and took no morphine. Pulse 99. Appears well. Has been up and dressed. No pain in foot. May take more food.

I saw him no more after this. Within a day or two he was again delirious, and left his father's house for another two miles off, where he remained, going about as before my first visit. The next time I heard of him, about a week later, he was quite well; and



to this time, May 30th, has had no recurrence of delirium or spasmodic affection. The foot healed without any interruption.

Having some suspicion, when I first saw this young man, that he might be addicted to the habitual use of alcoholic drinks, I made very particular inquiries about it, and was satisfied that it was not the case—that he does not use them at all.

The case is distinguishable from ordinary tetanus, by the complete disappearance of all unnatural contraction of the muscles during the intervals of the distinct paroxysms; and by the delirium, which does not occur in tetanus, unless towards the fatal termination. It differs from the affection produced by strychnine in the absence of any gastro-intestinal irritation. It was not a hysterical affection. It appeared to be connected with the injury of the foot. It seems to me that it must be classed with tetanus, notwithstanding its irregularity. After all, what do we know of tetanus, except its symptoms?

WM. HENRY THAYER.

Woodstock, Vt., June 25th, 1855.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

APRIL 9th, 1855.—*Remarks on a Criticism of Treatment in a Case of Caries of the Elbow-Joint.* Dr. J. M. WARREN desired to call the attention of the Society to the following circumstances. In the *Am. Jour. of the Med. Sciences* for Oct., 1854, there appeared, under the title of "Extract from the Records of the Boston Society for Med. Improvement," an account of the case of a female in the advanced stages of phthisis, who was affected with scrofulous disease of the elbow-joint, attended with paralysis of the whole arm, and consequent wasting of the muscles and integuments. After two or three consultations among eminent surgeons, it was determined, *at the earnest request of the patient*, on account of great irritation and suffering, to amputate the arm above the elbow, rather than to attempt excision of the joint. The operation was performed, and the result was all that could have been expected from it. The wound healed readily, and the patient was so much relieved as to leave her bed, and take exercise in the open air. She afterwards entered the medical wards of the Hospital, and sank rapidly under her constitutional disease. With the exception of the final termination of the case (which was anticipated), all the details are given in the printed report from the "Extracts," published in the above-named Journal.

In commenting upon this case, the *Edinburgh Medical and Surgical Journal* for January, 1855, remarks as follows:—

"We have given this case entire, not from any peculiarly interesting features it contains, being merely an ordinary illustration of the by no means uncommon scrofulous disease of the elbow-joint; but for the purpose of

\* Although reported later than the above date, these remarks are here given because they relate to a case brought before the Society some time since, and also that proper notice may be taken of so absurd and discourteous a criticism, at as early a period as possible in the course of printing the Society's papers.—SECRETARY.

showing that a society, instituted for medical improvement, as it did not challenge the recorded mil-practice, appears to be unacquainted with one of the most successful modern improvements in surgery, viz., resection of the elbow-joint, evidently the proper procedure in the case in question."— (Page 154.)

Dr. Warren said that, at the first sight of the preceding article, he was disposed to pass it over in silence, supposing that every intelligent reader would at once see that the operation was intended merely as a palliative one, and that excision was wholly inadmissible. But on further consideration, as the name of this Society has been mentioned in connection with it, he had thought proper to make some comments.

The patient, it will be observed, was a scrofulous female with a tuberculous affection of the lungs, of so serious a nature that two consultations had been held before it was decided that any operation was warrantable in her case, and then from the great irritation caused by the disease and necessary confinement, it was finally agreed to remove the diseased part, the patient herself urgently requesting it.

The criticism upon the operation in the above case seems to assume, that excision of the joints is to be preferred in every case of caries, so that any person performing amputation in a case of 'diseased elbow-joint, knee-joint, or any joint, is liable to reprehension. Dr. W. remarked that he was by no means disposed to admit, and did not think, that this operation was generally recognized by surgeons as the one to be adopted to the exclusion of removal of the limb. Many, undoubtedly, would still be found, who under the most favorable circumstances would conclude, that the large wound made in excision is more formidable and dangerous than that from amputation, and would be unwilling to submit their patients to it, especially when the internal organs were threatened. The operation of excision of the joints, however (although it is almost useless to say it), he would state, in this connection, was well known here, and he had not only performed it himself, but had seen it done, over twenty years since, at the Massachusetts General Hospital, where it would probably be adopted in every suitable case. He had also had the pleasure of witnessing it most dexterously performed by the distinguished Professor of Surgery in Edinburgh, Mr. Syme, who has done so much to advance this and other points in surgery; also by M. Roux, in Paris.

With regard to the knowledge possessed by this Society on the subject in question, Dr. W. would simply say, that by consulting their printed records, cases of excision of the elbow-joint, of the head of the os femoris, of the shoulder-joint, &c., may be found.

The case recorded was of considerable local interest. It had been under the care of one or two of the Physicians, and three of the Surgeons, of the Hospital, and many of the members of the Society now present were interested in it. In reporting the case, it was therefore thought unnecessary to go into any great detail before the Society, as the particulars were so well known to many of them. It might be added, that even if the patient had been perfectly healthy in other respects, excision in this case would have been entirely out of the question, for the following reasons. As stated in the report, the arm hung by the side of the body, perfectly useless; having, in a single night, fallen from a flexed position, almost paralyzed. The limb, just above the elbow, was extremely attenuated, being not much larger than a common broom-handle; below, the elbow expanded into a large tumor, covered by very delicate and diseased integument. The muscular texture



above and below the joint, as was obvious in the dissection, had degenerated.

Taking the case as reported, the criticism must be held to be entirely unwarranted, and so far as the name of the Society was made use of, it was not only incorrect, but the terms employed were harsh, indecorous, and unworthy the high standard of the Journal in which it appeared.

Dr. W. added, that the hearty thanks of the Society were due to Dr. HORATIO R. STORER, who was in Edinburgh at the time of the publication of this article, for his bold and manly defence of American Surgery.

*Excision of the Shoulder-joint.*—DR. WARREN said, that in this connection he would mention the result of an operation for excision of the shoulder-joint, done two years since, the patient having presented himself at the Hospital during the winter. The report of the case will be found on page 335, Vol. I., of the printed records of the Society (*American Jour. of the Medical Sciences*, Oct. 1853); the part removed having at the time been exhibited at a regular meeting—the patient then being in a fair way for recovery. The following is his present condition.

The left shoulder, front part of the chest and integuments over the scapula, are covered with puckered cicatrices, the result of the numerous sinuses caused by the original disease. The upper part of the shaft of the humerus is a little in front of the old glenoid cavity. The motions of the fore-arm and hand are perfect, so that he is now able to work at his employment, stocking-weaving, for ten hours a day, which requires the constant motion of these parts. To facilitate the use of them, and to relieve the shoulder, a sling is suspended from the ceiling, in which the arm is placed; and by this means he has thus far suffered no inconvenience from the constant strain which otherwise would have fallen upon it. He has the full command of his hand and fingers, and can grasp things with nearly as much strength as with the other hand. He cannot raise the hand to the mouth without inclining the head a little forwards, nor can he extend the arm to its full length directly before him. With these exceptions he can move the limb in all directions.

To members of the Society who may remember the case of this patient, when under treatment, and its very unpromising aspect, his present condition will be most interesting. The very great strain to which the sound shoulder-joint has been subjected has lately produced, some pain therein. He was therefore advised to change his occupation, which seemed to be the worst possible for a person with his infirmities.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 12, 1855.

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### POISONING BY ARTIFICIAL FLAVORING EXTRACTS.

WE observe an account going the rounds of the daily papers, headed "Attempt to poison a Wedding Party," but to which is appended, subsequently, a telegraphic despatch announcing that it is now believed the poisoning was "accidental." It appears that from 20 to 25 persons became violently ill after partaking of custard at the residence of the bride's father, and that she was one of the number. It is stated that *arsenic*, in large quantity, was detected in the custard. One death only, is as yet reported.

The large amount of the poisonous substance found certainly points to something beyond mere "accident," as productive of this terrible result;—and yet it is to be hoped that so fiendish and deliberate malice as would prompt and carry out such a deed, does not exist among civilized human beings;—that it is *possible*, however, too many instances have already shown. A proper legal investigation will doubtless clear up the mystery. It may be hinted, in this connection, that so large a quantity of arsenic could hardly have been procured in the vicinity of this occurrence, without the fact transpiring, unless the purchase were very adroitly managed.

Leaving this particular instance out of the question, as the poison is seemingly attested, we would direct attention to the liability which exists, —and which has several times proved a certainty,—that the *artificial extracts* so extensively used in flavoring ice-cream, custards and other confectionery, may occasion severe illness.

A case was reported to the Boston Society for Medical Improvement in April, 1854 (See *American Journal of the Medical Sciences*, July, 1854) by Dr. A. A. HAYES, the celebrated chemist, in which ice-cream, flavored with butyric acid ether, caused excessive sickness in several persons, and this, occurring just previous to the intended sending of the same confection to a festival, very properly led to the suppression of the article, and thus doubtless a vast deal of *discomfort* to the guests was avoided, to say nothing of probable danger. Chemical examination detected the above ether as the flavoring material, and the taste and odor of pine-apple was thereby communicated to the cream.

Dr. Hayes closed his remarks by the statement, "that a number of flavoring extracts, equally objectionable, are largely consumed by confectioners as substitutes for the volatile oils, and cases of severe sickness and alarm are multiplied every season from the practice."

After the above report was read, another distinguished chemist of this city, Dr. JOHN BACON, remarked that "the production of poisonous effects by the artificial flavoring extracts which are now coming into general use is a subject of practical importance, even if no more serious results should follow their use than sickness and vomiting, as occurred in the case reported by Dr. Hayes."

"Dr. J. M. WARREN said he had been called to a family in which seven persons had been more or less poisoned by custards largely flavored with 'extract of vanilla,' so termed;—on analysis, nothing of a poisonous nature could be detected; yet, undoubtedly, the symptoms were referrible to the said extract, which a cook, new to the family, had liberally used." (*loc. sup. cit.*)

Dr. W. E. TOWNSEND knew of instances in this city, of "illness caused, to all appearance, solely by the eating of what are termed the "acidulated drops," and, particularly, of those known as "banana drops;"—"he believed that one death, at least, in this city, during the last summer (1853), was to be ascribed to their use: and certainly several instances of apparent poisoning, declared by severe sickness at the stomach, &c. &c." (*loc. cit.*)

We believe that the "acidulated drops" have been *dropped*, pretty much; at least they are very rarely seen,—but the artificial flavoring extracts are still in favor. Ought this to be so, when we every now and then hear, on good authority, of deleterious effects observed from their employment?—If it be ever so convenient and profitable a method for flavoring the widely consumed confections referred to, should it, for a moment, be tolerated, if once there is proof of a risk incurred?



In the Report above alluded to, as made to the Society for Medical Improvement, Dr. Bacon stated that "the artificial extracts were first prominently brought forward at the London Exhibition, and were reported upon favorably by the chemists on the jury (Dr. Hofmann and De La Rue), as entirely safe substitutes for the volatile oils prepared from plants. It appears to have been assumed that the artificial products were identical in chemical composition and in properties with the natural ones which they resemble in flavor, in which case there could be no objection to substituting less expensive modes of preparation. In some cases they are certainly not identical; and where any doubt exists, they should be used with great caution until positively ascertained to be harmless in their action on the system." (*loc. cit.*)

May it not often happen that wilful poisoning may be suspected, and even prosecutions instituted against persons entirely innocent, in cases where these questionable "extracts" have been used?

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#### LIFE INSURANCE COMPANIES, AND THEIR TREATMENT OF THE MEDICAL PROFESSION.

WE willingly insert the following letter from an esteemed correspondent, in reply to our article in the number for June 28th. Our remarks were not intended to apply to the fees paid by companies to their own regular medical officers, such being the result of an arrangement mutually agreed upon by the two parties. Where a large number of cases, involving but little responsibility, come before the examining physician, it is not to be expected that the highest rates of remuneration will be paid for each case. When, however, the opinion of the regular medical attendant of the applicant is demanded, we contend that he is entitled to a fee proportioned to the responsibility incurred, or the difficulty of the case, and that the fee should be paid by the office. It will be seen by the communication below, that the agents of life offices are sometimes guilty of fraud towards physicians, without the knowledge of the company.

MESSRS. EDITORS,—Your remarks in the Journal of the 28th inst., if allowed to pass unnoticed, would leave on the minds of the uninformed a very erroneous impression of the views of the officers of Life Insurance Companies of the value of the services of Physicians, involved in the transaction of their peculiar business. Feeling that a direct contradiction of your position in said article, can be easily sustained, I unhesitatingly assert that every company of character with pleasure recognizes the claims which you pronounce so ill requited. Having for seven years past been examiner for a Life Office, I am enabled to speak both from experience and observation, and while I can testify to the liberal manner in which I have personally been treated, neither has any complaint reached me on the part of medical gentlemen holding like positions in other companies, of an absence of a proper pecuniary appreciation of their services. Whence, then, such wide-spread dissatisfaction, it will be asked? This question, it will be my endeavor to answer, and I ask the favor of a brief space in your pages, that I may, if possible, satisfy you and your readers of the great injustice you do these companies, by your charges of wholesale imposition.

A few words prefatory to the main points. Life Insurance Companies do pay medical men—if not generously, still, not *grudgingly*; not a fee of five dollars (as in Europe, where the sum insured is not infrequently from £10,000 to £50,000), but one which, though materially less, induces some of the leading men in the profession to *solicit* such positions. Vacancies

are easily filled, though the fee be but *two* dollars each examination. And here I may remark, that this sum is the usual compensation.\* I doubt if any company authorizes its agent to tender less. The Company which I have the privilege to represent, pays *three* dollars. The agents of English Companies sometimes pay *five*, but this sum, only in cases where a large amount of insurance is taken.

Every *well-ordered* Life Insurance Company has attached, a medical examiner—made so by direct appointment, or selected by its agent, but equally recognized by it. By some Companies, his certificate of examination alone, will be accepted; other offices are not so stringent, and in case of the absence of the regular medical officer, allow the agent or sub-agent (usually termed *solicitor*), to call on any regular physician. *Here* arises *one* source of complaint. This person, with an eye to his own interest, coolly tells the *outside* physician that the Company pays but \$1,00 per examination, and puts the other dollar into his own purse; thus cheating the doctor out of half his just dues, and bringing odium on the Company for which he is acting. Or with more impudence still, he may manage to beguile him of the whole amount, “leaving the physician to get it out of the *applicant*, if he can.”

But a still greater source of complaint comes from a misapprehension of the relative position of Life Insurance Companies and a party applying for insurance, and ignorance of their mode of conducting business. A policy of Life Insurance, is a contract based upon the *applicative*—so termed. This consists—1st, Of a series of answers subscribed to by the party himself: in one of these answers, he refers the company to his family physician or medical attendant for information respecting his past medical history. 2d, This certificate of his family physician or medical attendant. 3d, A series of answers supplied by a friend, and in some instances, still a 4th set of questions to be answered by the agent. These several certificates being supplied, the Company on *its* part is ready to act, and places him forthwith in the hands of its medical examiner. Him they pay as before stated—or if somewhat loose in their mode of doing business, the agent sends him to any regular physician, who is tendered “*one or two dollars*, in some cases—in others, nothing.” The following is the main point—the chief *fons et origo mali*—the Company transmits either directly or by the hand of the applicant, a “blank” to the gentleman referred to as medical attendant, with the statement (this is generally prefaced) that M——, having applied for insurance, has referred the Company to him for medical information respecting himself and family, and he will oblige by answering the accompanying questions, and “frequently ending with the modest request”—“Do you advise us to take the risk?” The “medical opinion” he may express, “*is for the benefit of the insured.*” You ask, “Why, then, does the office demand it?” Because, *without* it, they could not proceed to insure the applicant; he is required to perfect the application before they can proceed one step, and this “medical opinion” is essential to its completeness. Is there not, then, entire propriety in telling a physician to look for his pay to the person on whose account he renders the service? The Company takes care of itself and of the medical officer, whose opinion it considers “of vital importance, without which it knows it would soon be compelled to shut up its

\* Since writing the above, I learn that there does exist *one* Company, of which an Ex-Governor of the Commonwealth is President, that allows its examiner a fee of *one* dollar only—“ridiculously small,” truly. My position, however, still holds, that every Company of character pays at least twice that amount.



office." The insured should do his part, and remunerate the physician who has contributed something towards the procurement of his policy.

A statement of the aggregate or individual sums paid to "medical examiners," would doubtless astonish many of the profession. One, received for his services during a single year, \$1,600. A vacancy occurring in consequence of his death, as may be supposed, there were many competitors for filling it. A prominent gentleman of the profession now holds the station, of late become far less remunerative. This is of course an extreme case, but *several hundred* dollars is an amount often received. The amount insured on a "single life" in this country, is in general probably far less than in Europe. The late Rev. F. T. Gray, was insured for \$40,000, divided between five or six different offices. The medical examiner (if, as is sometimes done, by arrangement examining for all the offices), must have received from \$10 to \$12. The life of a lady of this city, is insured to the amount of \$50,000. In this case the fees were from \$16 to \$18.

I would not be understood as saying that it is the general practice of solicitors to impose upon the examiner *pro tempore*, but such facts are within my knowledge. In one instance the regularly appointed *agent* of a Company, which allowed him \$2,00 to be paid the examiner, tendered him but \$1,00 for his examinations, informing him that this sum was the Company's allowance—the shrewd agent himself, of course, pocketing the balance. I informed my medical friend of the imposition practised upon him, but know not whether he sought redress. This was a case where the agent selected the examiner. In every such instance, the appointee should communicate with the parent office respecting the amount of his compensation.

The "blank" sent to the family physician is not considered by the Company as involving the necessity of an examination, and his certificate is, in most instances, a mere matter of form. One Company at least, has latterly dispensed with it, relying solely upon its own medical examiner's opinion.

Boston, June 30th, 1855.

B.

#### NOTICES.

*Pamphlets Received.*—First Years of Practice; an Address to the Graduating Class of the New York Medical College. By Franklin Tuthill, M.D. New York: 1855. (From the Author.)—Introductory Lecture to the Third Annual Course of the Metropolitan Medical College. By Henry A. Archer, M.D. New York: 1855.—Review, Opinions, &c., of Dr. Charles A. Lee and others, of the Testimony of Drs. Salisbury and Swinburne, on the Trial of John Hendrickson, Jr., for the Murder of his Wife by Poisoning. New York: 1855.—Third Annual Report of the Trustees of the Free Public Library of New Bedford. New Bedford: 1855.

In our last number, page 439, fifth line, for "presenting" read "inserting"; eighteenth line, for "slight" read "severe".

**DIED**—In Dover, N. H., 28th ult., Elijah Darling, M.D., a native of Keene, and recently a resident of Roxbury.—Recently, at Staunton, Va., at an advanced age, Dr. Joseph Addison Waddel, son of the celebrated "Blind Preacher" of Virginia. In his day he attained to great eminence in his profession.—At Balaklava, in May, Dr. Hector Gavin, aged 39, a distinguished writer on Public Health, sent out by the British Government as sanitary commissioner to the hospitals at Scutari and Smyrna.—At Mosul, Asia Minor, 25th March, Rev. Henry Lobdell, M.D., of Danbury, Conn., aged 28, a medical missionary of the American Board C. F. M.

*Deaths in Boston* for the week ending Saturday noon, July 7th, 73. Males, 45—females, 23. Accident, 5—apoplexy, 1—inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 4—consumption, 11—convulsions, 4—cancer, 1—croup, 2—drinking cold water, 1—dropsy in the head, 2—drowned, 1—infantile diseases, 4—puerperal, 1—dyspepsia, 1—epilepsy, 1—typhoid fever, 1—scarlet fever, 3—homicide, 1—hooping cough, 2—disease of the heart, 1—insanity, 1—disease of the kidneys, 1—marasmus, 1—measles, 1—old age, 2—palsy, 1—sun-stroke, 5—smallpox, 4—teething, 5—tumor, 1—unknown, 2.

Under 5 years, 29—between 5 and 20 years, 4—between 20 and 40 years, 13—between 40 and 60 years, 17—above 60 years, 5. Born in the United States, 49—Ireland, 13—Germany, 4—British Provinces, 1—Gibraltar, 1.

*Tumor of Labium Pudendi.*—A tumor was shown to the London Pathological Society by Mr. H. Thompson, and “which he had removed from a woman aged 36, in whom it had been present several years, but had become very troublesome during the last three or four years. It occupied the left labium, as well as the clitoris, and a portion of the right labium, and hung down to within two inches of the knee. Mr. Thompson, in operating, strangled the base by whip-cord ligatures, in order to prevent the hæmorrhage which often attends the removal of such tumors: one portion, which was not thus treated, gave much trouble in arresting the bleeding. The tumor, as exhibited, had much shrunk, and weighed four pounds *minus* three ounces. It presented a lobed appearance, almost like a bunch of grapes; and under the microscope, was found to consist of hypertrophied cellular tissue.

“Dr. A. Clark referred to a similar tumor which had been removed by Mr. Curling, and which he (Dr. Clark), had found to consist of areolar tissue, and hypertrophied cutaneous papillæ and glands.”—*Association Medical Journal*, January, 1855.

*New Method of Treatment for Otorrhœa.*—By JAMES YEARSLEY, Esq., Surgeon to the Metropolitan Ear Infirmary, &c.—I come now to mention the manner of applying this remedy. First of all, the passage of the ear is to be carefully cleansed by gently syringing it with warm water, and the moisture removed by means of a porte-sponge. The parts are now to be so clearly displayed by the aid of a powerful gas-reflector, that the necessary manipulations may be readily and accurately accomplished, when I take a small piece of dry cotton—the size of which varies according to the circumstances of the case—and adjust it by gently pressing down every part of it upon the surface from which the discharge proceeds, exactly as if dressing an ulcer on any other surface of the body; this done, quiet is enjoined, restricting, as much as possible, every movement of the jaw, such, for instance, as takes place in eating and speaking. Twenty-four hours afterwards I remove this, and apply another dressing of the cotton. The importance of restricting the patient from moving the jaws will be at once manifest, if the reader will take the trouble to place the point of a finger in the passage of the ear, and read aloud the present paragraph. It will then be perceived how easily the cotton, however accurately adjusted, may be loosened and moved from its state of exact apposition. In eating, this detachment takes place still more readily, yet the patient cannot be debarred all use of the jaw, seeing he must have food; nor, if great care be taken to keep the jaws in a state of motionless apposition, need speech be altogether interdicted; but for the same reason the food should be such as to require no mastication.

The successful treatment of external otorrhœa by the same simple means has been hitherto no less rapid than certain. Moreover, in nearly every case, relief of the deafness has accompanied the cessation of the discharge—a result the reverse of that which follows, almost invariably, the treatment of external otorrhœa by astringent injections. The arrest of the discharge may, indeed, by such means, be accomplished in many instances without any great difficulty; but when that has been effected, we have no great reason to rejoice at a cure that has been produced at the expense of the patient's hearing.—*London Lancet*.

*Rupture of the Recto-Vaginal Septum during Labor.*—By M. JULES CLOQUET.—Professor Paul Dubois and M. Cloquet attended a young lady with her first child. The period of gestation was uninterrupted by any accident; but the labor was long and difficult. The head of the child remained quite a long time engaged in the pelvic cavity, and finally caused rupture of the recto-vaginal septum. The rupture took place about three centimetres above the fourchette. The opening between the rectum and vagina was longitudinal and easily admitted the extremity of the finger. At a proper time after the accouchement, M. Dubois touched several times, and at intervals of a few days, the edges of the divided portion of the septum, with the actual cautery; the borders of the rupture became gradually approximated by the formation of the fibrous tissue of cicatrization; (*tissu modulaire*); finally the opening became wholly and firmly closed and the patient was freed from her disgusting infirmity.—*Gazette Medicale de Paris*, May, 1855.



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## REVIEW OF A TREATISE ENTITLED "THE PATHOLOGY AND TREATMENT OF LEUCORRHOEA.\*"

BY LUTHER PARKS, JR., M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

UNDER the above title Dr. Smith has presented the medical public with a most valuable work, elucidating in a masterly manner the minute anatomy and physiology of the uterus, and offering highly valuable suggestions as to the pathology and treatment of certain of its diseases. Such are the accuracy, thoroughness and clearness of its descriptions, and the weight and soundness of many of the views it propounds, that we feel ourselves warranted in commending the work to the attentive perusal of all who desire light upon, or are interested in, the subject of the uterus and its lesions.

The fine plates it contains, too, though less elegant as they appear in the separately-published monograph than as they were given in the Medico-Chirurgical Transactions for 1852, are an additional attraction.

The title of the work, however, we cannot consider quite appropriate. For although the author attempts to make leucorrhœa the key to much of the pathology of the uterus, we hardly think he has entirely sustained himself in the attempt. He has hardly proved his right to place that lesion at least so generally as he does at the root of structural lesions, such as inflammation, hypertrophy, &c. That leucorrhœa is a most frequent concomitant of these affections, all will freely grant. But that in this discharge is to be found the essential pathological fault, we cannot consider proved. We think it much more reasonable to place inflammatory affections behind leucorrhœa in the chain of causation, than to reverse the order. Let leucorrhœa and inflammatory engorgement come on, for example, in a given case—a stoppage of the menses by exposure to cold having preceded both. Is it not far easier to suppose that the latter produced the former, than that the engorge-

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\* Published by John Churchill, New Burlington street, London.

ment was produced by a mere hypersecretion? Or, if the symptoms have developed themselves more gradually, the relative positions of cause and effect may be less manifest, but I can see no valid reason for inverting them.

That even abrasion may occur without leucorrhœa is shown in a case of my own, now under treatment. The abrasion was marked, and attended with marked symptoms, as pain in the back, lassitude, &c. But never has there been, from first to last, any leucorrhœa at all.

We do not wish to deny, however, that this particular form of inflammatory lesion—abrasion—and, also, perhaps that of ulceration, may be the *immediate* effects of leucorrhœal discharges; nor that they may usually be so. I think nothing more reasonable than to suppose that a discharge, acrid enough to excoriate the external surface of the body, may abrade the cervix uteri, particularly as the most frequent seat of the abrasion is that portion of the uterine neck shown by Smith to be analogous in structure to the skin, and is particularly exposed to contact with whatever issues from the cervical canal. We simply contend that the leucorrhœa itself is the result of antecedent engorgement or inflammation; and herein it is that we differ from Dr. Smith.

Hypertrophy and induration, also, Dr. Smith makes the effect of leucorrhœa. We prefer to refer them to inflammatory affections—lesions by which they are caused in the other organs of the body.

In the first three chapters Dr. Smith describes the minute anatomy of the vagina, and os and cervix uteri, the secretions of these parts, and the glandular structure of the cervical canal.

After stating that “the vaginal canal is formed of an external contractile sheath, a middle erectile layer, and an internal mucous or cutaneous lining,” he goes on to say that “the mucous membrane is studded with large papillæ, or villi, which are very numerous in the lower part of the canal, but diminish in number on passing upward towards the os uteri. At the entrance of the vagina these papillæ are large and club-shaped, and they are frequently double or even treble at their extremities, two or three of them appearing to grow from a single stalk. The whole of the vaginal mucous membrane is covered by a layer of pavement epithelium, which is thicker in the upper part of the vagina than at the orifice. The coating of epithelium, and the sub-epithelial papillæ, are the parts of the vagina most largely concerned in vaginal leucorrhœa.”—Page 5.

He finds the mucous covering of the *external or vaginal portion of the os and cervix uteri* to consist, like the mucous membrane in other parts of the body, “Of, 1, epithelium; 2, primary or basement membrane; and 3, fibrous tissue, bloodvessels and nerves;” but to present numerous points of special character. The disposal in rugæ, he says (the arrangement of which he has elaborately described), “of the mucous membrane lining the canal



of the cervix uteri is such as to afford a very large extent of glandular surface for the purposes of secretion. "In effect the cervix is an open gland."—p. 28. The epithelial layer, he further informs us, of the mucous membrane of the os uteri, and exterior portion of the cervix, is tessellated or squamous, and closely resembles vaginal epithelium. Between the margin of the lips of the os uteri, and the commencement of the penniform rugæ, within the precincts of the cervical canal, a small tract of smooth surface is usually found, which to the naked eye seems of more delicate structure than the neighboring parts, and when examined by the microscope, is found to be composed of cylinder epithelium arranged after the manner of the epithelium covering the villi of the intestinal canal. In the rugous portion of the cervical canal the cylindrical epithelium becomes ciliated.

I would say here that these results tally with those of certain observations made by myself, before I had seen Dr. Smith's paper, except that I did not meet with any ciliated or cylinder epithelium, not having examined the membrane *lining* the cervix, but only the discharge issuing from the cervical cavity. I can testify, however, to the accuracy of Dr. Smith's delineation of "mucous discharge from the healthy cervix uteri" given at fig. 16.

In further, and far stronger, support of our author's observations, we will mention that Bischoff, in a case examined by him, found the epithelium of the *vagina* to be of the pavement variety, and that of the *cervix*, *body of the uterus*, and *Fallopian tubes*, to be of the cylindrical form. He found no ciliated epithelium.

According to Dr. Smith, there are, beneath the layer of epithelium, both of the exterior and interior of the cervix, numerous villi or papillæ containing looped bloodvessels passing to the end of the villi, and returning to their bases—then inosculating with the bloodvessels of the neighboring villi.

The lining membrane of the vagina he shows to resemble much more closely the *skin* in its intimate structure, than it does true mucous membrane. This fact is interesting taken in connection with the difference between the secretions of the vagina and those of the uterus. This difference is at once microscopical and chemical—the re-action of the uterine secretion being alkaline, and that of the vaginal, acid.

Chapter fourth is given to a description of "the different forms of leucorrhœa." "Leucorrhœa admits of a similar divison," he says, to that established between the [normal] discharges of the vagina and cervical canal. "The first, and most frequent and important, is the mucous variety, consisting chiefly of mucous corpuscles and plasma, and secreted chiefly by the follicular canal of the cervix. The second is the epithelial variety, in which the discharge is vaginal, or is secreted by the vaginal portion of the os and cervix, and consists for the most part of scaly epithelium and its *debris*. These two varieties may of course exist in various degrees of combination; sometimes the one and sometimes the other preponderates,

or is the original affection; but the chief importance must be given to cervical or mucous leucorrhœa as being the most obstinate and common."—page 53.

"In cervical or mucous leucorrhœa the glandular portion of the canal of the cervix uteri is the chief source of the discharge."—p. 54. \* \* \* On pages 78 and 79 he says, "there are \* \* many reasons for believing that leucorrhœa very rarely depends upon the mucous membrane of the fundus and Fallopian tubes;" and among these reasons mentions the deficiency of the glandular structure above the os internum, the fact that he has never found any excessive secretion in the cavity of the fundus, and the impossibility that any of the secretion in pregnancy, in which state it is very common, should come from the cavity of the fundus.

Turning back to page 54, we find it written that "in the first instance the leucorrhœal discharge consists of nothing more than an unusual quantity of the elements found in the healthy mucus of the cervical canal"—quantities of mucous corpuscles and oily particles, with particles of epithelium entangled in the viscid alkaline plasma. "The presence of oily matter in the discharge from the cervix is constant, and so is the presence of occasional particles of scaly epithelium, which, as I have before remarked, appears to ascend from the vaginal portion of the os and cervix." "In other cases of cervical leucorrhœa, the secretion is so profuse and watery that the traces of viscosity are nearly lost. Instead of the consistent plasma, which is one of the common elements of the cervical discharge, a watery serum is poured out in considerable quantity."—page 57.

"In vaginal or epithelial leucorrhœa the seat of the discharge is in the muco-cutaneous lining of the vagina, and the portion of this membrane reflected over the external surface of the cervix to the margin of the os uteri."—p. 57. "The secretion \* \* \* \* consists entirely of epithelium in every possible phase of development, mixed with acid mucous plasma."—p. 58.

"I have not found," he says, "the mucous follicles at the entrance of the vagina a frequent source of leucorrhœa in adults; but the leucorrhœa met with in young children is principally derived from these glands, and consists of scaly epithelium and numerous corpuscles."—p. 60.

Dr. Smith found the following elements in the discharges in vaginal or epithelial leucorrhœa of different degrees of severity, viz.: 1. Acid plasma; 2. Scaly epithelium; 3. Pus corpuscles; 4. Blood globules; 5. Fatty matter.

In the different forms of cervical or mucous leucorrhœa he found—1. Alkaline plasma; 2. Mucous corpuscles; 3. Altered cylinder epithelium; 4. Pus corpuscles; 5. Blood globules; 6. Fatty particles.

In chapter fifth he describes inflammation, abrasion, ulceration, induration and hypertrophy as *sequelæ* of leucorrhœa. As has been seen, so far as inflammation and hypertrophy (and we may add



induration) are concerned, we take exception to this mode of viewing the subject. But the changes themselves alleged to be sequelæ are admirably described.

In chapter sixth, on "The relations between secondary syphilis and leucorrhœa," Dr. Smith argues the frequent dependence of the discharge on the constitutional taint, and supports the views of those who maintain that secondary disorder may be transmitted from husband to wife through the ovum without the occurrence of primary disorder in the female. He gives strong cases bearing on the latter point, which would seem almost conclusive, were it not that the tendency to mendacity belonging to the disease makes one feel, in dealing with the statements of patients on venereal questions, as though he were treading on quicksands.

Passing over chapter seventh, on "The relations of vaginal or epithelial leucorrhœa to gonorrhœa in the female; to urethritis in the male; and to the ophthalmia of new-born infants," we come to chapter eighth, in which the author treats of the anatomy and pathology of the ovula nabothi. The opinion now commonly held that the glandulæ nabothi are obstructed mucous follicles is controverted by Dr. Smith, who says that they are often found in situations where mucous follicles cannot be detected, and thinks them a form of vesicular disease, seated in the deeper structures of the mucous membrane. He says that objects which seem to be real obstructed mucous follicles are sometimes seen in the middle of the cervical walls, but that their appearance and contents are very different from those of the nabothian bodies. He describes them as transparent, their covering being a thin fibrous membrane, and their contents a white pearly coagulated matter, in which numerous granular corpuscles and minute points of oil are found.

Accompanying these bodies, there is sometimes found, according to Dr. Smith, who claims to have been the first to describe it, a state of partial inversion of the lower part of the cervical canal, consequent, as he thinks, upon long-continued irritation. A glance, however, at the original colored plate representing this lesion, in the *Medico-Chirurgical Transactions*, gives the impression of something more than mere irritation.

In chapter ninth, on "The relation of leucorrhœa to disorders of the function of menstruation," Dr. Smith pertinently asks, "why should leucorrhœa in one case cause amenorrhœa, and in another the opposite state of menorrhagia?" His reply may be, perhaps, equally applicable on any theory of the pathology of the disease—that in some cases it "debilitates the ovaria and fundus uteri," and in others it "irritates" them.

Chapter tenth is on "The relation of leucorrhœa to sterility and abortion." After alluding to the production of sterility through the intervention of disorders of the menstrual function, he speaks of the prevention of conception by changes in the chemical reactions of the vaginal and cervical secretions. Mr. Newport, he says, p. 165, in experiments on the ova and spermatozoa of am-

phibia, "found that when semen in which the spermatozoa were active and abundant was exposed to a weak solution of potass, the spermatozoa became motionless, shrivelled up, and were speedily dissolved and destroyed. He also observed that when dilute acetic acid was applied to the spermatozoa they quickly lost all vitality, and were left extended and motionless." Now, by the side of this statement it is worth while to consider the results of Dr. Smith's examinations, in which he has "found that in vaginal leucorrhœa the acidity of the secretion is always considerably increased, unless the vaginal membrane pours forth pus, or some other complication is present; while in cervical leucorrhœa the alkalinity is as constantly deeper than it is in a state of health. Probably in leucorrhœa, other qualities hurtful to the spermatie particles are present in addition to mere acidity or alkalinity."—pages 164 and 165. The fact that the seminal fluid is itself alkaline should be borne in mind in this relation.

To the following declaration in the opening paragraph of chapter eleventh, on "The constitutional and local causes of leucorrhœa," we fully subscribe, viz., "we shall greatly err if we give undue prominence either to the local or constitutional causes of these disorders."

But, in closing the chapter Dr. Smith reiterates the expression of his dissent from the opinions "which refer almost all the conditions upon which leucorrhœa depends, to inflammation of the os and cervix uteri." In chapter fifth, be it remembered, he distinctly declares his belief that inflammation is but one of the sequelæ of leucorrhœa, which latter lesion is the essential disorder. Really, *the opposition to Dr. Bennet dies hard*. Compelled to acknowledge that there is such a thing as ulceration, that abrasion is frequent, that inflammation and hypertrophy are not unfrequent—it takes refuge in the assertion that all of these are mainly dependent on what?—a mere hypersecretion. For, in order that our author's theory should be consistent with itself, it is under the necessity of assuming that when leucorrhœa is constituted a *perverted* secretion by the presence of pus corpuscles and blood globules (see page 472), it is in consequence of an inflammation set up itself by, and a mere symptom of, leucorrhœa. To fortify himself in this position Dr. Smith adduces, by way of illustration and analogy, the effects of "discharges from the eyes, ears, nares and mouth" upon the skin in their neighborhood—a most unfortunate comparison, it seems to us, for his side of the question. What is it that gives to these discharges that acidity, in consequence of which they excoriate the skin so extensively? Is it the mere excess of the secretion—of the lachrymal gland, for instance? It has indeed been said that *grief* sheds *scalding* tears. But, I for one have never happened to be called to a case of scalding from this cause.

Or, to speak pathologically, if an instance of prolonged and excessive, but unperverted discharge be demanded, let us take that of



stillicidium.\* Does the discharge in that excoriate? What, then, is it, I ask again, that in the cases of excoriation above alluded to by our author, gives to these discharges their acridity? Is it not clearly the antecedent inflammation?

In asserting, then, that leucorrhœa is the essential lesion in the more ordinary non-malignant uterine affections, Dr. Smith takes the burden of proof on his own shoulders. And, I repeat, I cannot see that he has shifted it—that he has made out his case.

But since, according to Dr. Smith, leucorrhœa is not the consequence but the cause of inflammatory affections of the cervix, it may be interesting to note to what he ascribes the former lesion itself. The principal of them he says are—plethora; debility; prolonged lactation; the strumous habit; *skin diseases*, affecting the *mucocutaneous* vagina and exterior of the cervix; the influence of climate; rectal, vesical and urethral, vaginal and uterine, irritation; gestation; abortion and labor.

*Leucorrhœa* in children, he says “consists almost entirely of a discharge from the glands of the vulva” \* \* \* and “is caused chiefly by constipation, ascarides, neglect of cleanliness, and other local causes. It sometimes occurs as a manifestation of strumous disorder” (p. 186), and sometimes, he adds, from the irritation of dentition, the eruption of almost every tooth being attended with mucous or *mucopurulent* secretion, and *inflammation of the vulva*.

The concluding chapter is upon the treatment of leucorrhœa, and is for the most part sound and instructive, except in the fundamental point of treating it as the essential disorder. Space remains to us for the discussion of only one or two points.

That “in the great majority of cases constitutional and local measures are both required for anything like a permanent cure of the disorder;” and that “the cases are comparatively few in which a tonic treatment is not called for,” are maxims to which we are inclined to attribute much weight.

Under the head of *caustic applications*, we find the following passage:—“It has been said that an hypertrophied cervix can be melted down by the use of these destructive agents; but this simply means that portions of the os and cervix uteri may, like other soft tissues, be destroyed by caustic; for it cannot be contended that when violent escharotics are applied to the uterus the morbid elements are alone affected, the proper structure of the organ remaining intact.”

Now against this sweeping assertion we must protest. To burn away the cervix uteri is *not* the use for which caustic potash is recommended by Bennet. Such employment of the agent is simply an *abuse*. I have used both the potash, and the potassa cum calce, for the reduction of hypertrophy, and have seen the lesion gradually but steadily disappear under the employment of these reme-

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\* I mean, of course, stillicidium, from mere obstruction without present inflammation.

dies, simply as *issues*. The cylinder of potash, with or without line (better the former), I apply generally only in one spot. The consequence is a slough, the diameter of which is a little larger than that of the cylinder. The extension of the caustic may be prevented, it is well known, by acetic acid or vinegar. Under the influence of the issue thus made, the reduction of the hypertrophy takes place, and, I may add, the work of resolution does not stop with the healing of the eschar.

That, however, the caustic potash has been injudiciously employed and with disastrous results, I am well aware. And that practitioners should be cautioned again and again, as to the use of these agents, I do not wish to disguise. Portions of the cervix uteri, it is true, have been burned away; adhesions between that organ and the vagina have been produced; and entire closure of the cervical canal has been brought about. I am cognizant of a case in which Dr. Bennet has been obliged to open up a new channel to the uterine cavity in consequence of the entire obliteration of the cervical canal, from the imprudent use, or the *abuse*, of violent escharotics, in the hands of another practitioner. Such accidents, however, I am able to say, do not occur in the practice of Dr. Bennet—neither need they occur to any one, if *cases are well watched, and proper precautions are taken*.

To sum up the principal points to be borne in mind with regard to the remedies in question, the *potassa fusa* and *potassa cum calce* we regard as valuable remedies *lightly applied* for intractable inflammatory affections, particularly within the cervical canal; and, in *prolonged contact\** with the exterior of the cervix, for the *production of sloughs* to reduce hypertrophy. The *potassa cum calce* has this advantage, in some respects, over the *potassa fusa*—that its tendency to spread is less. The eschar made by the *potassa fusa*, or the *potassa cum calce*, when within the cervix, should be carefully watched, and be dressed with nitrate of silver, till quite healed, as the caustic potash is preëminently adapted for closing up a morbidly-open cervix, and if not used with great care, may morbidly close it.

The very judicious views of the author upon the *sexual function* have already been commended in the editorial notice of the book which appeared in the Journal a short time since.

Upon the question of rest and recumbency, with which we shall terminate our remarks, Dr. Smith offers views differing somewhat from those usually promulgated. He says, "As an adjuvant to other measures, moderate restraint as regards exercise is very valuable, but its extent should depend upon the severity of individual cases. Patients should be in the open air as much as possible short of fatigue, and they should lie down an hour or two in the middle of the day according to circumstances. There are very few cases met with in private practice, in which carriage exercise,

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\* From one to three minutes.



or riding in a chair, cannot be borne, and with advantage. It is only in the very worst cases that patients should be positively confined to the sofa or couch. It is always a hazardous matter to prescribe absolute rest to such patients. Nothing develops the hysterical temperament so certainly as the entire deprivation of exercise."—p. 211.

We think these remarks eminently judicious and well timed. Rest in the recumbent posture has been laid down in the books, and also by some insisted on, as a part of the classical treatment. I have no doubt that it would be in many cases serviceable, to a certain extent; and in some, necessary. But the maintenance of this posture for a great length of time is inconvenient and irksome in the extreme, and often impracticable. What with those who *will* not, and those who, from the nature and urgency of their avocations *cannot*, resort to it, the matter is out of the question in a large proportion of cases. It becomes important to inquire, then, is it always or generally necessary? We answer with confidence in the negative. I have very rarely been obliged to resort to it in the treatment of my own cases. But, what is more to the purpose, let us recollect the hundreds of cases of recovery in the hands of Bennet, Murphy, Oldham, &c., among the *out-patients* of hospitals, dispensaries, &c. We close by again heartily commending the book.

June, 1855.

#### CERTIFICATES TO THE EFFICACY OF SECRET REMEDIES.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are few ways in which good-natured people are doing so much harm, while meaning to do good, as in signing their names to medical certificates, to be distributed all over the land in the public newspapers, or thrust upon us, whether we will or no, at our very doors. This has got to be a crying evil in the land, and it is time it was corrected. It is doing much, very much, to impair the faith in remedies properly given, to shake confidence in the medical profession, and thus incidentally to re-act upon the community to their great disadvantage. It is a gross injury to the medical profession. It constantly taunts them with the insinuation, "Look here! what all your boasted science could not do, this man whom you denounce as an ignoramus, has done! This medicine has cured me; yours did me no good, and I might have been in my grave for all you! From this time forth, fling doctor's physic to the dogs, and let me have only the healing drugs of the inspired natural physician!" Waiving for a moment all question as to the amount of real efficacy in the remedies thus vaunted—granting even, for argument's sake, that the facts are as stated, what does it amount to? Only that a drug taken at the right moment has wrought a good effect, no more. For this shall it be emblazoned in every newspaper sheet as the great catholicon?

Why, here are two hundred physicians in Boston, doing, with the blessing of Providence, precisely the same thing every day ! And are they justified in proclaiming their skill and the power of their remedies for this reason ? No true physician, at any rate, would give an affirmative answer. And yet their patients forsake them, or secretly use while under their care any nostrum their assiduous friends recommend. Or if they ask the advice of their physician as to the expediency of trying the remedy, he has no means of knowing its real character, and of course cannot recommend it. Still human nature is such that even the mystery which shrouds it gives it a fascination, particularly if the dose be *pleasant to the taste*. Men of respectable position in the community give up their business to devote themselves to the sale of the article, and untold sums are their reward. Grateful patients eagerly subscribe the certificate of its real or supposed virtues, while yet in the flush of their enthusiasm at its efficacy, and the document goes to the world, to add one more to the legion of medical delusions which are a stigma upon the present generation. Let any intelligent man go into a public hospital, and he will find numbers of patients who will tell even more extraordinary experiences of their own—how they were full of pain, motionless, helpless, but in twenty-four hours they were changed men, to all intents and purposes cured. Others will tell you that for years they had not had the use of their limbs, but now they walk rejoicing. Happy as these occurrences are, blessed indeed to the patients, the physician who has been the fortunate instrument in bringing them about does not, or ought not, to claim any exclusive merit ; rather does he most willingly point out to his professional brethren the means he has used with such success. Thus is the blessing extended beyond his own immediate sphere, and no selfish thought of personal profit limits the exercise of his professional benevolence. The medical journals are crowded with reports of just such cases, which go forth over the whole world to bless mankind. Nay, *these very remedies* are not unfrequently taken up by shrewd nostrum venders, and after being disguised by some inert addition, are sold to the unsuspecting public at a profit of thousands per cent., without the least credit being given to the man who first applied it for such a purpose. But there is another very important consideration which is entirely overlooked by the patent-medicine-swallowing, or the puffed-medicine-swallowing community, which is this—*medicines positively effective for good are equally powerful for evil*. The knife is a catlin with two edges, let him who uses it see that he cuts not his own fingers. And this is no imaginary casualty. It is a fact well known to physicians, that cases are frequently brought under their own observation, of excellent remedies having been taken to great excess when not administered by the direction of a professional man. It is astonishing to see the recklessness with which people sometimes do this, taking *ad libitum* the most powerful medicines of the pharmacopœia, simply because under some circumstances they have been



recommended to them by some respectable physician, who never intended they should be adopted into such promiscuous use. The charity of these good people is most liberally extended to their friends, inducing them to take the same, they alone being responsible for the consequences. And the reason for this—not always, but often—is to avoid the necessity of paying the physician the fee which is his due for advice on the subject. Again, supposing the secret remedy to have been effectual in certain cases, *the cases in which it has failed or done harm* far outnumber them, and of these the community hears not. Many of the cases of supposed cure turn out to be only transiently benefited, and the deluded sufferer only falls back again into greater hopelessness. Meanwhile the certificate stands, and money pours into the pocket of the nostrum-vender—what else does he care for?

We would remark in conclusion that—medical discoveries should be the property of the human race; as free for the use of mankind as heaven's natural gifts of light and air. Only when open to such unrestricted use can their real value be tested. The noble calling of physician ought not to be degraded to a mere matter of making money; the community are as much interested in this as physicians, perhaps more so. By following the course which is getting to be so common, they are discouraging and starving those whom they ought to regard as their true friends.

#### POLYPUS OF THE UTERUS.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. M., æt. 45, has been married twice, and borne eight children, the youngest of whom is 4 years old. Had no difficulty through her pregnancies and labors; has not menstruated for six months; thinks herself pregnant. The 13th of March, 1855, I was called in haste, and found her flooding, with severe pain in the region of the uterus and back; pulse considerably excited; blanched and anasarcaous; abdomen the size of a woman six months gone; says she feels the child move, and has for the last eight weeks, but the movements are confined to the left side, and are of a fluttering character. I made no examination, but immediately administered plumbi acetat. and pulvis opii with cold applications, till the hemorrhage ceased and the uterus became quiet. Ordered perfect rest with a generous diet for a week. On the 17th ult. I was summoned again, and found her flooding, with expulsive pains of the uterus. After a partial arrest of the flooding, I made an examination per vaginam, and to my surprise found the os dilated to the size of a dollar, and a polypus the size of a goose egg, with a neck about three inches long and an inch in diameter, situated upon the left side, and lower edge of the body of the uterus. After the vaginal examination, large quantities of dark offensive coagula came away. The administration of plumbi acetat. and pulvis opii,

&c., arrested the hemorrhage, and in some degree stopped the pains. I then proceeded to pass Dr. Gouch's canula, armed with a ligature, within the uterus till it reached the base of the tumor, when the canula was secured and the ligature tightened, to be repeated every day till it came away. Seven days afterwards the canula and polypus were expelled, accompanied by coagula of a fetid character. Tonics, quiet and a generous diet were ordered. The abdomen soon became reduced to its natural size; the pulsations, pains and hemorrhage ceased, and she is now quite hearty and well. The tumor was of a fibrous texture.

This lady had been troubled with hemorrhage and pains in the back and region of the uterus for four months. The movements had been felt for about two months. She had been treated by several physicians for simple menorrhagia during the whole time. I have had several cases of polypus of the uterus, but have never met with movements or pulsations in the region of the polypus; whether they were real or imaginary, I cannot tell.

*Bates Co., Mo., July, 1855.*

J. E. THOMPSON, M.D.

## Hospital Reports.

### MASSACHUSETTS GENERAL HOSPITAL.

*Cases of Rheumatism treated by Carbonate of Soda.*—(Reported, by request of Dr. PERRY, by CALVIN ELLIS, M.D.) CASE I.—W. W., an Irish domestic, 25 years of age, entered the Hospital on January 6th, after suffering two days with rheumatism, of which she had had an attack about a year previous. At the time of entrance there was pain in shoulders, hips, knees and feet, without much swelling. After making use of a variety of remedies, she was still complaining of pain in feet on June 2d, when she began to take bicarbonate of soda  $\mathfrak{D}$ ij. every four hours. Two days after, there was less pain, and from that time she continued to improve, until the 13th, when she was able to walk out. On the 18th she was discharged.

CASE II.—M. O'B., an Irish domestic, æt. 20, entered the Hospital on January 29th, having been attacked with rheumatism a week before. The disease assumed a sub-acute form, and she was complaining of pain in neck and shoulders, with swelling of feet, on June 2d, when soda was prescribed as in the preceding case. No improvement was at first noticed, but in less than a fortnight it was marked, although by no means continuous. On the 19th she was reported as much better than for some time previous. A few days afterwards, she was again complaining of pain, and was still under treatment on July 2d.

CASE III.—M. H. Married; Irish; æt. 44. Patient was attacked with rheumatism on April 2d, and entered the Hospital on the 19th. On June 2d, she complained of swelling, with great pain and soreness of wrists and ankles, rendering motion almost impossible. Soda was administered as in the other cases. In two days she was reported as more comfortable, and on the 12th had so far improved that she was able to sit up. She was still under treatment on July 3d, with some trouble in the hands and feet.

CASE IV.—M. R., an Irish laborer, 23 years of age, had always enjoyed



good health, until attacked, in the latter part of February, with rheumatism, which confined him to his bed during the greater part of the time, until he entered the hospital on April 21th. He then complained of pain in the right hip, and about the thorax. Colchicum and other medicines were administered until June 2d, when he was troubled with stiffness of neck and of upper and lower extremities. Soda was then prescribed. Improvement at once commenced, and continued, with only a slight return of pain at the end of a fortnight, and on June 19th he was discharged well.

CASE V.—M. M., single; domestic; Ireland; æt. 19. Patient belonged to a healthy family, and had always enjoyed good health herself until June 1st, when, without known cause, she was attacked with pain in both knees. On the following day she was confined to her bed, the pains extending to feet and upper extremities. She entered the Hospital on June 5th, complaining of pain in knees, elbows, wrists and ankles, which were red, swollen and tender. There was also pain in chest on full inspiration. The skin was very hot, without much perspiration. Saliva, perspiration and urine, acid. Tongue dry, with a thick, dirty-white coat. Preceding night sleepless. Pain under left breast on full inspiration. Sounds of heart rather obscure; no souffle. Soda was administered, as in the other cases. On the following day the pain was reported less, and the sounds of the heart normal. From this time she continued to improve until the 12th, when she was entirely free from pain. On the 15th she was able to sit up during a part of the time. The secretions mentioned were slightly acid on the 14th, and on the 22d were alkaline, with the exception of the urine, which was, probably, not examined. Pain has not returned, and patient is in every respect doing well.

CASE VI.—J. N., seaman; æt. 37. Was first attacked with rheumatism, on December 8th, while at sea, and entered the Hospital April 26th, with joints generally affected. He also had inflammation of the conjunctiva and cornea. He began to take soda on June 2d, when he complained of much pain in shoulders, knees and ankles. The eye was still inflamed. On the 7th he was discharged, much relieved; but has since returned, and is now under treatment.

In one of the above cases, several of the secretions are mentioned as becoming alkaline as the disease yielded. In all of the others, the saliva, urine and perspiration were decidedly acid at the commencement of the treatment, but the acidity diminished as the pain and troublesome symptoms subsided.

### Bibliographical Notices.

*Clinical Lectures on the Diseases of Women and Children.* By GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery in the University of New York. New York, Samuel S. and W. Wood, 1855. Svo. Pp. 563.

These lectures contain graphic descriptions of the diseases of women and children, with judicious advice as to treatment. The subjects of discourse being derived from such cases as occur in the course of clinical instruction, are of course of the most varied nature, and are presented to the reader without the slightest attempt at methodical arrangement, which detracts much from the value of the work as a text book, although this defi-

ciency is in some measure supplied by a copious index. The style of the writer is objectionable. Without being a direct appeal to the public, there is an air of ostentation plainly visible in every page, which is offensive to good taste. This is very obvious in the conversations between the Professor and his patients, which are interspersed throughout the book, and which from their close resemblance in style and language to each other lead one to the inference that they are in some cases purely imaginary. We do not doubt the facts stated by Professor Bedford, but we think that they would carry more weight had they been expressed with more simplicity and modesty. A large number of rare and interesting cases are presented to the reader, and we recommend the book as one though not free from grave faults, yet as of value to the profession.

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*Review, Opinions, &c., of Dr. Charles A. Lee and others of the Testimony of Drs. Salisbury and Swinburne on the Trial of John Hendrickson, Jr., for the Murder of his Wife by Poisoning.* New York, 1855. Pp. 44.

In May, 1854, we published a critical review of the testimony of Drs. Salisbury and Swinburne, showing that the conclusions arrived at by these gentlemen, being based on insufficient grounds, were erroneous. We believe that the scientific public agree in this opinion, and that there is no doubt that John Hendrickson, Jr. was innocent of the crime for which he was executed. It is not often that such a fearful mistake is committed in this country, but the issue of this trial and of that of Dr. S. T. Beale, of Philadelphia, show the danger to which all are exposed by a partial examination of scientific opinions. The pamphlet whose title is given above contains statements by a number of eminent authorities on the question, particularly a paper by Dr. Charles A. Lee, read before the N. Y. State Medical Society, in Feb. 1855, and "unanimously adopted by the Society." We hope it will be widely circulated, and that it may be the means of preventing such melancholy mistakes in future.

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*The Bane and Antidote.—A Surgical Adjuvant and Reporter of Artificial Limbs.* By B. FRANK. PALMER. Philadelphia, 1855.

The pamphlet which bears this infelicitous title contains a description of Palmer's celebrated artificial leg, with some hints to the surgeon as to the place of election in amputations. We commend the latter to the attention of our brethren. Undoubtedly where the nature of the case leaves any choice as to the point where a limb is to be cut off, the opinion of so skilful an artist as Mr. Palmer is of great value, and ought to be listened to by the operator. Mr. Palmer thinks that if a stump ten inches in length below the knee cannot be obtained, it is best to amputate just below the tuberosity of the fibula. The artificial limb, provided with a joint, is attached to the flexed knee, the thigh being elongated but about half an inch, which is not perceptible. "The operation for the application of this leg, should be performed just below the tuberosity of the fibula, so as to allow the end of the stump when flexed, to fall *one inch* back of the thigh, to form a sort of grapple, as it fits the concavity of a soft socket, by which means the limb may be held securely in its place without any appendages connected to the waist or shoulders. The end of the stump is so secure (in the hollow of this flexible socket), from any pressure, that use does not produce excoriation or inflammation, and we have, in repeated instances, applied the limb to the patients of Professors Mütter and Pancoast, in JEFFERSON COLLEGE, within



six weeks from the day of amputation, and without any danger of immediate or remote inconvenience to the wearer."

The following remarks are worthy of attention. "We are now treating a case of *amputation through the tarsus*, presenting a well-healed and eminently *useful* stump. It is Sedillot's modification of Chopart's operation, in which the cuboid and scaphoid bones remain, to which the flexor muscles are so well attached as to *counteract* the antagonism of the tendo-achillis; thus retaining the heel in a position to support the weight with comfort, *in active use*. But we should observe that this is one case *out of fifty*, and we are almost weekly appealed to by patients who, having suffered this mutilation, find that the *careful treatment of years* will not heal the stumps; and the contraction of the gastrocnemius muscles, causes such depression of the cicatrized surface that the least attempt at walking keeps up ulceration of the cicatrix, which is often followed by *caries of the bones*. And we have taken several such cases to the excellent Jefferson College for amputation *above the ankle*, all of which resulted most favorably."

"An ample and well adjusted *flap* is, in all cases, highly desirable, as it prevents those unpleasant sensations which often arise from the slightest tension of the thin skin, which otherwise is the only covering of a pointed and protruding bone. The double flap, of Liston, is admirably suited to our uses; others may be as good; and the circular operation with well-formed flaps sometimes furnishes most successfully the *conical shape* we desire."

The following conclusions as to *place of election* are submitted for the surgeon's consideration.

"1st. The *lower third of the leg*, or about ten inches below the inferior edge of the patella. Remove the malleoli fully *always*

"2d. The lowest point possible between the first point and the upper third, at which a good *flap* can be made.

"3d. Immediately below the tuberosity of the fibula, if not practicable to save five inches below the patella, *with full use of joint*.

"4th. The lower third of thigh—*ten inches from perinæum*. Double flap. Always fully remove the condyles of the femur.

"5th. *The utmost length possible*, if necessarily amputated above the fourth place of election."

We believe that Palmer's leg is universally considered the "best substitute" for the natural limb. By giving to the pamphlet which describes it a title conveying some remote idea of the nature of its contents, and by using a somewhat clearer and more methodical style, the author may possibly extend the knowledge of his world-renowned invention.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 19, 1855.

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### THE TREATMENT OF CANCER BY THE METHOD OF LANDOLFI.

For several years past, Dr. Landolfi, chief surgeon to the Sicilian army and clinical professor of cancerous diseases in the Ospedale della Trinita at Naples, has been engaged in a series of experiments with a view to the discovery of some method of curing cancer. An interesting article in the *Archives Générales de Médecine* for May, affords us an opportunity of lay-

ing before our readers a description of the processes employed, and the results which have so far been obtained.

The specific remedies vaunted in the treatment of this disease, hitherto regarded as incurable, have given rise to well-grounded suspicion. The inventors are for the most part either physicians who have abandoned the ranks of the regular profession, or men completely ignorant of the science of medicine, whose zeal in proclaiming their discoveries is in proportion to their want of knowledge of the end to be attained. Dr. Landolfi does not belong to the class of inventors of secret remedies. His method is shrouded in no mystery. To use his own favorite expression, he seeks to promulgate the means he has employed, for the interests of humanity, and it is his earnest desire to submit them to a rigorous scientific investigation. To this end he has visited the great centres of science in Germany, and is now in Paris, where he is testing his method at the hospice of the Salpêtrière, upon patients selected by MM. Morissenet, Cazalis et Manec, physicians and surgeons to the establishment, assisted by a commission composed of MM. Mounier, Broca and Furnari.

The principle upon which the treatment rests, consists in transforming a tumor of malignant nature by imparting to it a character of benignity which will permit it to heal. This transformation is effected by means of cauterizations with an agent which is considered specific, the *chloride of bromine*, combined in some cases with other substances already frequently tried, but hitherto employed separately. The internal treatment is only accessory to the local application. The formulæ for the caustic are principally the following:—R. Chlorides of bromine, of zinc, of gold, of antimony; mix in equal parts, and add to the compound liquid sufficient flour to make a viscid paste.

The proportions of these ingredients were subsequently varied. R. Chloride of bromine 3 parts, of zinc 2 parts, of antimony 1 part, of gold 1 part. Powder of liquorice root, enough to make a thick paste. It is necessary to prepare the above in the open air, on account of the acrid vapors which are discharged.

The essential ingredient in these mixtures is the chloride of bromine, which has been latterly employed alone by Dr. Landolfi, being simply mixed with the powdered liquorice. According to Dr. Landolfi, the chloride of zinc is indispensable in ulcerated cancers, as an hemostatic. The chloride of gold is only useful in a small number of circumstances, particularly in the case of encephaloid disease, in which it appears to exercise a special, if not specific action. Cancers of the skin, epithelioma, lupus, and cystisarcoma of small extent, are treated by the chloride of bromine mixed with basilicon ointment, in the proportion of 1 to 8.

In employing this agent, the healthy parts surrounding the cancerous tumor are covered with broad compresses spread with an ointment composed of 8 parts chloroform to 30 of lard, or cold cream. The paste is then spread on small pieces of linen, which are placed over the diseased mass, in such a manner as to cover it completely, except for a short space from the circumference, its action often extending for a distance of one or two lines. M. Landolfi calculates that a layer one line in thickness will act to a depth of half an inch. During this application, the precautions mentioned above should be taken to avoid the pernicious effects of the vapor of chlorine, by placing the patients near an open window. After the paste has been applied, it is covered with scraped lint, and compresses, which are kept in place by strips of adhesive plaster.



The first effect of the application of the paste is a vivid sensation of heat, soon followed by pain, which is often intense, lasting from four to six hours, or longer. At the end of twenty-four hours the caustic is removed, and a line of demarcation is almost always found, separating the sound from the diseased parts. The tumor itself is partly white, partly reddish, or marbled yellow and blue. A bread poultice, lettuce leaves, or compresses spread with basilicon ointment, are applied, and renewed every three hours, until the eschar separates, which process takes place about the fourth or fifth day, and is completed without pain between the eighth and fifteenth, leaving a surface covered with granulations, and secreting pus of a good quality. In most cases the cure takes place rapidly, cicatrization progressing from the circumference, and resembling that following a wound made by a clean incision.

There are two questions of interest which occur in relation to this subject. The first is, as to the innocence of the remedy. The testimony in this respect is so unequivocal that it commands conviction. None of the observers, more or less favorable, who have closely followed the experiments in Italy or Germany, have noticed any grave accident caused by its employment.

The second question is more delicate; were the tumors treated by Dr. Landolfi really cancerous? Certainly there never was a time when there was less disposition to admit the affirmative of this question without the most rigid scrutiny. While it is possible that the author has been often deceived in the character of the disease he has cured, we cannot but agree with Dr. Lasègue, the learned editor of the Archives, to whom we are indebted for the foregoing account, that "if carefully-instituted experiments have not yet proved that we possess a specific for cancer, observation authorizes us to believe that the treatment recommended by Dr. Landolfi fulfils conditions of great value; that it cures, without risk to the patient, tumors and ulcerations whose treatment has hitherto been dangerous or difficult; that it affords to the surgeon a means of modifying diseased structures, at once powerful and safe, improving the condition of sores which art failed even to palliate; that its author, in fine, deserves to be distinguished from the crowd of inventors, whose panaceas cease to be useful after they are discovered to be neither specific nor infallible."

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#### MASSACHUSETTS MEDICAL SOCIETY.

THIS Society held an adjourned meeting in this city on Wednesday last. The principal business was the trial of two members residing in Boston, one for conviction of crimes under the laws of the land, and the other for alleged procuring abortions. These charges had been investigated by the Suffolk District Society, which recommended the expulsion of the accused. The former was not present, having intimated that he should offer no defence. The latter attempted to exculpate himself, but failed to convince the Society of his innocence. Both were expelled.

Certain alterations and additions to the by-laws relative to the admission and expulsion of members were offered to the meeting by a committee appointed for the purpose at the annual meeting. These were ordered to be printed for the use of the members, and referred to the Councillors for their adoption. They will probably receive an early insertion in this Journal.

It was announced at this meeting that through the liberality of one of its members the Society was authorized to offer a prize of one hundred dol-

lars to the author of a dissertation, which may be adjudged worthy thereof, on "the history and statistics of ovariectomy, and under what circumstances the operation may be regarded as safe and expedient." This prize is offered to the profession throughout the country. It is intended that the sealed envelope containing the name of the successful competitor shall be opened in public at the annual meeting in May, 1856.

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#### EDINBURGH MEDICAL AND SURGICAL JOURNAL.

This valuable Journal, for many years the sole organ of the medical profession in the Scottish metropolis, closed, with the April number, its separate and independent existence as a quarterly periodical. Henceforth it is to be united with the Monthly Journal, under the title of the "Edinburgh Medical Journal," which will be issued every month. During the whole of its existence, the Edinburgh Medical and Surgical Journal has occupied a leading position in scientific periodical literature, and has exercised a most favorable influence on the progress of medicine not only in Great Britain, but throughout Europe and this country. Under the new arrangement we have every reason to believe that the amalgamated journals will continue to sustain the high reputation for which they have been singly so distinguished.

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*The Jews' Hospital.*—A new hospital has been added to the list of *Institutions* already in existence in this city; we refer to the *Jews' Hospital*, so called—having been planned and erected by the munificence and voluntary contributions of members of the Hebrew faith. The hospital is situated in 25th street, between 7th and 8th Aves., and can accommodate from 100 to 150 patients. It is built with all modern improvements, being excellently ventilated,—with high rooms—hot air furnaces, and every convenience in the way of water and closet accommodations desirable. The house was opened on the 5th of June, for the reception of patients, and numerous applications have already been made. The following is the Medical Staff: Resident and Attending Physician: Dr. MARK BLUMANTHAL; Attending Surgeons: Drs. ISRAEL MOSES, TH. P. MARKOE, and ALEX. B. MOTT; Consulting Physicians: Drs. C. R. GILMAN, W. DETMOLD, WILLIAM B. MCCREADY, and W. MAXWELL; Consulting Surgeons: Drs. VALENTINE MOTT, WILFORD PARKER.—*N. Y. Journal of Med.*

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*Tincture of Iodine with Chloroform in Inhalation.*—In the Bulletin de Therapeutique of Paris, M. Tison calls attention to the perfect *solubility and volatility* of iodine in chloroform. He says chloroform dissolves iodine even to complete saturation in the proportion of 20 to 100. Ten minutes after an inhalation of five minutes, the iodine was detected in the saliva, and in fifteen minutes in the urine. It may be breathed from a phial held to one of the nostrils for two, four, or ten minutes.

This is certainly a new and most efficient mode of administering iodine, decidedly one of the most valuable agents of our *materia medica*.—*Nashville Journal of Med. and Surgery.*

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*Cholera in New Orleans.*—The health of the City up to the second week of May, had been good, the mortality having been from 130 to 140 per week. In April, the weekly mortality did not much exceed 100. In the fourth week of May (the prolonged drought not having been mitigated) Cholera appeared very suddenly; the mortality amounted to 385, that from



Cholera alone to 201. The week ending June 4th, gave a mortality of 504—from Cholera, 278. The interments during the next week, ending on the 11th, fell to 381—Cholera to 201; the following week, ending June 18th, the total mortality declined to 236, and that of Cholera to 76.

At present, June 21st, the health of the City is improving, and the mortality is declining to the minimum of the most healthy summer seasons.—*N. O. Med. and Surg. Journal.*

*Increase of Insanity in the Department of the Seine.*—It appears from the researches of the Director de l'Assistance Publique, that the number of the insane in the department has in 10 years increased by 1073 individuals, or 107 yearly. If we go back to former years the increase becomes still more striking. Thus, in 1801, the number of insane on the 1st of January of that year was 946; it rose by the end of 1820 to 2392; to 2145 in 1838; to 2602 in 1844; and to 4189 on the 31st of December, 1853. When we attempt to determine the causes of this extraordinary increase, so out of proportion with that of the general population, we soon perceive their diversity. First, the legislature itself has contributed to it by increasing the number of admissions, by adding idiots and imbeciles to the number of the insane, and by admitting children at all ages. On the other hand we must keep in mind the law of sequestration now applied to dangerous lunatics, and the facilities given for the private treatment of this malady; lastly, the lowering of the mortality, as a direct consequence of the increased care and attentive treatment of the insane, contributes to the increase in the number of the survivors.—*Annales Medico-Psychologiques.*

#### MASSACHUSETTS GENERAL HOSPITAL.

##### *Operations performed during the fortnight ending July 7.*

By Dr. WARREN.—Brainard's operation for ununited fracture of the humerus, twice; lithotomy, twice; operation for cancer of lip; for hare-lip.

By Dr. TOWNSEND.—Amputation of thigh; amputation of thumb.

By Dr. CABOT.—Operation for hare-lip.

By Dr. HENRY J. BIGELOW.—Removal of carious bone from tarsus and metatarsus; excision of a melanotic growth from dorsum of foot; operation for fistula in ano.

By Dr. GEORGE H. GAY.—Excision of a tumor adherent to hard palate.

#### NOTICES.

*Communications Received.*—Inhalation of chloroform in an acute bilious attack.—Iodine and nitrate of silver in cutaneous inflammations.—Spontaneous disappearance of abdominal tumor.—Case of adherent placenta.

*Pamphlets Received.*—Transactions of the State Medical Society of the State of New York, transmitted to the Legislature. February 13, 1855.—Thoughts on Yellow Fever, by J. S. McFarland, M.D. New Orleans, 1855. Pp. 3.

*DIED.*—At South Boston, 13th inst., Dr. John Colby York, aged 25 years.—At Dedham, Dr. Samuel Stillman Whitney, aged 43 years.—At his residence, in St. Louis Co., Mo., 15th ult., Dr. S. F. Bonfils, son of the late Professor S. F. Bonfils, aged 35 years.

*Deaths in Boston* for the week ending Saturday noon, July 14th, 59. Males, 23—females, 36. Accident, 1—cancer, 1—consumption, 10—convulsions, 1—cholera infantum, 2—croup, 2—dyspepsia, 1—dysentery, 2—dropsy, 3—dropsy in the head, 5—infantile diseases, 2—puerperal, 1—typhoid fever, 1—scarlet fever, 1—homicide, 1—hooping cough, 1—disease of the hip, 1—jaundice, 1—inflammation of lungs, 1—disease of the liver, 1—marasmus, 2—old age, 1—pleurisy, 1—peritonitis, 1—smallpox, 8—disease of the spine, 1—teething, 2—unknown, 4.

Under 5 years, 27—between 5 and 20 years, 3—between 20 and 40 years, 10—between 40 and 60 years, 11—above 60 years, 5. Born in the United States, 40—Ireland, 15—Germany, 1 British Provinces, 2—England, 1.

*Boston Veterinary Institute.*—This Institute, incorporated by the late Legislature, has been organized by the choice of the following officers :—

William S. King, Chairman; John P. Jewett, Treasurer; C. L. Flint, Secretary. President of the Institute, D. D. Slade, M.D. Faculty—George H. Dadd, Professor of Anatomy and Physiology; Chas. M. Wood, Professor of Theory and Practice; Robert Wood, Professor of Cattle Pathology. Board of Examiners—D. D. Slade, M.D., John W. Warren, M.D., George Bartlett, M.D., Charles Gordon, M.D.

The first session of this institution will commence on the first Monday of November, 1855, and will continue four months. The object in view is to afford ample instruction to those persons desirous of qualifying themselves for the practice of veterinary medicine and surgery.—*Bee.*

*Ohio State Medical Society—Patents.*—At the last Annual Meeting of this Society, held at Zanesville on the 5th, 6th and 7th ultimo, the Society very promptly, and with much unanimity, repealed the resolution offered by Dr. Grant at its annual session in 1854. As the knowledge of the passage of the resolution has passed far beyond the local bounds of the Society, we subjoin the resolution rescinding the same, prefacing them only with the remark, that our readers and the profession generally will rejoice with this demonstration of the fact, that there is sufficient conservatism in its ranks to stay the truant wanderings of *young physie*. The following are the resolutions :

*Resolved*, That the resolution offered by Dr. Grant (a member of this Society, and not at this, or at that time, a practitioner of medicine), at the last session of this Society, which says, "that it is not derogatory to medical dignity, or inconsistent with medical honor, for medical gentlemen to take out a patent right for surgical or medical instruments," was offered at a time when many members of the Society had left for their homes, and was not, therefore, the sense of this Society.

*Resolved, also*, That said resolution is in direct opposition to the code of Medical Ethics adopted by the Society, and, therefore, be it further

*Resolved*, That said resolution offered by Dr. Grant, and adopted by this Society, be, and is hereby, rescinded.—*N. Y. Journal of Medicine.*

*Abscess of the Tonsil followed by Death.*—By Dr. MULLER.—A man 44 years old, previously well, was attacked on the 9th August, 1854, with a slight sore throat, to which he paid but little attention. On the 13th the difficulty of swallowing having increased, he consulted a surgeon, who advised poultices and gargles. He was seen by Dr. Muller on the 16th; it was stated that he had discharged from the throat, pus, mixed with a good deal of blood; there was but little pain, but deglutition was very difficult; there was no feverishness; a small tumor was perceived in the region of the left tonsil. The same remedial measures were continued. The same evening and night there was abundant hæmorrhage; the patient seemed anæmic, and was extremely exhausted. Cold fomentations and drinks were prescribed without avail; the bleeding soon returned, and the patient died in a few hours.

At the autopsy, the left tonsil was found converted into an abscess; at the bottom of a cavity about the size of a nut, filled with coagulated blood, was seen the external maxillary artery, its coats thinned and ulcerated; the carotid and its branches were found healthy.—*Medizinisches Correspondenz—Blatt des Wartember Gischen Aerztlichen Vereins*—In Gazette Medicale de Paris—May, 1855.

The above observation is curious, because nothing during life could have excited a suspicion of the cause of an affection so quickly fatal. The lesion of the artery was entirely local and not at all dependent on a general affection of the vessels.—*Gaz. Med.*

*College of Physicians and Surgeons, New York.*—We are gratified to learn that this College have purchased an eligible site for a new edifice, at the corner of Fourth avenue and Twenty-third street. The building is to be a model of its kind, and will be ready for occupation at the usual season of commencing the winter course of lectures.—*N. Y. Journal of Medicine.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 25.

## ON INTRA-UTERINE GOITRE, OR BRONCHOCELE.

BY PROF. J. Y. SIMPSON, OF EDINBURGH.

VARIOUS kinds of tumor in the cervical region of the fœtus have been found at the time of birth.

1. The cervical portion of the vertebral column is sometimes, though not so often as the loins or back, the seat of spina bifida; and the resulting tumor has been seen to vary in size from the bulk of a nut to that of the infant's head.

2. Meckel, Otto and several other pathologists have described a variety of congenital cystic tumor of the cellular tissue, situated at the posterior part of the neck, and remarkable for a central pillared division, into two lateral and symmetrical lobes, by the ligamentum nuchæ. I have seen it mistaken for a spina bifida.

3. Numerous instances of intra-uterine tumors in the anterior and lateral portions of the cervical region have been recorded of late years by Berndt, Cæsar Hawkins, Beatty, Mutter and others, under the name of cysts, or "congenital hydrocele" of the neck. These tumors, which sometimes grow much after birth, usually consist of one, two or more large serous cysts, capable of being emptied and obliterated by puncture and the injection of iodine; by setons, &c. Sometimes an agglomeration of small cysts enters also into their composition.

4. A kind of large cystic tumor, the mass of which consists of a numerous collection of small cells filled with thickish glairy fluid, is occasionally observed at birth in the upper part of the neck, and projects more or less into the mouth. It seems to be a true ranula, originating and consisting of hypertrophy and enlargement of the salivary glands. I have seen two instances of it where the children died a few days after birth, the puncturing of one or two cells being of no use in diminishing the mass. There is a specimen of it in the obstetric museum of the University, forming a large tumor at birth. This form of apparent cystiform tumor has, I believe, been frequently confounded with the third variety alluded to above.

5. Among the tumors on the neck at birth, I have seen one remarkable instance of a large flattish swelling on the posterior cer-

vical region, covered with skin of the usual color and appearance, and formed of a deep-seated erectile vascular tissue, which in a great measure disappeared under pressure, and enlarged when the child cried or strained. I treated it by various means, none of which produced complete obliteration. Some years afterwards I heard that it was cut out by a surgeon, and the resulting hemorrhage was most excessive.

6. Few cases of congenital enlargement of the thyroid gland, or of true intra-uterine goitre, or bronchocele, have hitherto been placed upon record. The following cases, however, will show that goitre constitutes one form of cervical tumor, which may be occasionally met with at birth. Bronchocele is sometimes hereditary, but very few instances of it have been seen at birth in infants so predisposed. Usually there is no trace of it till some years subsequently. The following is the only exception to this general remark which I have been able to find:—

CASE I.—In an essay on goitre, published in 1824, M. Ferus refers to a congenital instance of the disease, which had occurred in the practice of M. Godelle, physician to the Hospital of Soissons, and where the mother was affected with the same disease.\* The child only survived for a few hours after birth.†

Lately I met with a marked instance of intra-uterine goitre in my own practice, and had an opportunity of ascertaining its true nature by dissection.

CASE II.—The mother of the child never suffered from any symptoms of goitre, or lived in any place where the disease was endemic. She has now borne ten children. The first seven of these infants were stillborn. They all died, I believe, from reports given to me, of disease of the placenta, and not from any malady or malformation in their own bodies. During her last four pregnancies she has been under my professional care, and has always taken, in the latter periods of utero-gestation, large and continuous doses of chlorate of potass. The four last children were born alive, and have continued to live, with the exception of the last, namely, the one born with goitre. It survived only for about eight hours after birth, and would have died much earlier from asphyxia if a catheter had not been retained in the trachea to obviate the compression of the mass of bronchocele. The child was born two or three weeks before the full term, labor having been induced in

\* Dictionnaire de Médecine, vol. x., p. 283.

† In the Archives Generales de Médecine, vol. xiii., p. 76, Dr. Cassau speaks of a remarkable case of hereditary goitre, where a young infant in the family died of it; but whether it was hereditary or not in this child, is not precisely stated. "A woman aged 23 years, married, affected with pulmonary consumption in the second degree, presented to us an example of the obstinate hereditary predisposition of pulmonary phthisis and of goitre; her young infant (*jumeau infant*), her father, and seven brothers of her father had died of the former disease; one of her paternal aunts, who showed no disposition to phthisis, carried a very large goitre; herself (the patient), was affected with goitre, which had considerably diminished since the first symptoms of phthisis had been developed. All her brothers and sisters had been victims to that cruel affection; only one sister, who had goitre commencing, enjoyed good health at that period. One could say in that family, that the two affections were in such relation, that the one appeared reciprocally to supplant the other."



consequence of the child's heart beginning to beat with morbid slowness. The goitrous enlargement of the thyroid gland was nearly of the size of a hen's egg. It rendered the labor tedious, by preventing—as the hands or arms placed in the hollows of the neck sometimes do—the proper flexion of the head, and the approach of the chin to the sternum; the presentation in consequence being one of the forehead, and not of the parietal bone. The goitre, or bronchocele, as seen after birth, appeared to fill up entirely the space or hollow between the chin and sternum. On examination after death, it was found to surround almost entirely, and compress, the trachea. All parts of the thyroid gland were equally affected. The goitrous tumor was comparatively smooth on its surface, but had a small, irregular nodule attached anteriorly to its upper border, close to the body of the hyoid bone.

Internally, it presented a firm, glandular structure; and under the microscope, it appeared to consist of the usual thyroid tissues, greatly hypertrophied. The vesicular cavities of the gland seemed not only increased in number, but enlarged in size also, and the septa within them were thickened. They were distended with epithelial contents. The external surface of the brain of the child was surrounded with a large quantity of serum, and the brain itself was considerably below the usual size. The opening of the eyelids was also small. The thymus gland, supra-renal capsules, &c., were normal in size and structure; and there was no other unusual appearance detected. In his essay on the pathological anatomy of new-born infants,\* Dr. F. Weber describes an example of congenital goitre, similar in several respects to the preceding instance.

CASE III.—A child was born some weeks before the ninth month, and it survived only a few minutes. The goitrous thyroid gland projected forward in the cervical region, was about half an inch thick, and extended not only laterally, but also backward, and some distance over the upper part of the trachea, though not to such a degree that a union of both lateral lobes had occurred posteriorly. On being cut into, the parenchyma of the bronchocele appeared dark red, and the microscope showed within it a quantity of effused blood-globules, which were not evident to the naked eye. In other respects, the parenchyma of the tumor presented internally the normal structure of the thyroid gland. The thymus gland appeared also larger than usual, and particularly on one side, but without any change of structure. There was a considerable degree of hydrocephalus present, with contraction of the extremities.

CASE IV.—When describing the case No. II. to the Medico-Chirurgical Society, immediately after the time of its occurrence in February, 1855,\* Dr. Keiller stated that he had, a few months pre-

\* *Beitrage zur Path. Anatomie der Neugeborenen*, p. 34.

† See report of Society's proceedings, *Ed. Monthly Journal of Medical Science*, April, 1855, p. 350.—*Eds. Prof. Simpson's Work*.

viously, met with an instance of the same disease, where the child's head at birth offered the same unusual presentation. I have lately examined the child, who is now about a year old, with Dr. Keiller. There is still a large, irregularly-lobulated swelling in the region of the thyroid gland, and stretching somewhat upward on each side of the trachea. It projects forward, and appears to swell out when the child cries. At other times, the skin of the neck looks flaccid, wrinkled and empty, over the site of the tumor, in consequence of the tumor itself having diminished and shrunk considerably since the time of birth. The lobulated masses of the tumor feel firm and hard to the touch; and probably the intervening and connecting tissue, in which the absorption has been specially marked, was originally more cystic in its character. The tumor does not seem to affect in any way the general health and growth of the child. The mother was born and brought up in the County of Cumberland, where goitre is not uncommon; but neither she nor any of her relatives were ever in the least degree affected by it. The present goitrous infant is the first child which she has borne. Before pregnancy occurred, she was under my care for chronic metritis; but her general health was good.

An instance of congenital cervical tumor, under the title of "*Scrofula in Fœtu*," was long ago described by Francus,\* with characters and a site which have made Grætzner and Montgomery refer it to the head of goitre. In this, as in Dr. Keiller's case, the certainty of the tumor consisting of enlargement of the thyroid gland was not made out by dissection.

CASE V.—The child—a boy—presented at birth a tumor on both sides of the neck, but it was largest on the left. When the infant cried, or moved his neck too freely, that on the left side swelled excessively, and appeared to interfere with the power of suction and deglutition. Francus adds, that he unsuccessfully tried to effect the removal of the swelling by various remedies, local and general, and that notwithstanding it increased daily in size.

#### IODINE AND NITRATE OF SILVER IN CUTANEOUS INFLAMMATIONS.

[Communicated for the Boston Medical and Surgical Journal.]

THE use of these two remedies in erysipelas is too common to need notice. But, so far as I know, they are not generally used together, one or the other being applied by itself. It is to the simultaneous use of both that I wish to call attention.

If the tincture of iodine be applied to the surface, and immediately after the nitrate, a chemical union of the two takes place, and the resulting compound is of a dull white. The same takes place if the solutions are mixed in a phial. Of the chemical change thus effected and the compound formed, I am not certain.

\* *Ephemer. Nat. Cur.*, Dec. ii., An. v., Obs. 223.



During the epidemic erysipelas which prevailed some years since in this region, Dr. Knapp, of Dummerston, Vt., first accidentally applied the tinct. and nitrate together. He found that while the application was less painful than of the nitrate alone, it was more efficacious in arresting the ulcerative action. He afterwards fully tested this mode of applying these remedies during a pretty extensive practice among it for three years. He also used it successfully in the sporadic cases.

On his recommendation, I used the same application in several cases (of course, with general treatment), and found it prompt in checking the spread of the inflammation, and in restoring the surface to a healthy state. I had an opportunity to compare it with the effect of blisters in checking this action. In one patient, with a local manifestation of the disease in the hand, under the advice of some good old lady, a blister was applied, in my absence, to the back of the hand. It filled well, and was soon *filled* with the extending ulceration. The application of the tinct. and nitrate to the palm at once checked it, as it also did on the back of the hand.

I was subsequently called to attend a boy with an eruption in large patches about the loins, and covering about half the circumference of the body. I do not now remember the exact character of the eruption. There was some constitutional disturbance, which was treated with salines, and astringent and cooling lotions to the part. These produced little effect on the eruption. I then applied the tinct. and nitrate to about half the surface, and the next day found that drying up, and presenting a better appearance. I then applied it to the whole, and two days after, he returned to his work free from trouble.

About ten days since, a young man in my family passed through some ivy, and in a few days the whole of the leg, from the nates to the heel, was a blistered surface, and swollen to double size. There was considerable disturbance of the system, and the pain was so severe as to prevent sleep. After trying the usual applications without effect, and the tinct. of iodine, I next tried the nitrate alone on a part of it. This had little effect besides waking up his sensibilities for a while. The next day, seeing no amendment, I had an assistant brush the whole surface over with the tinct., while I followed with the solid nitrate. The pain from this was less severe than from the nitrate alone; and after the smarting subsided, the pain entirely left him. The next day the surface was drying up, and there was no progress of the poison, except at one or two points. These were now touched in the same way, and the next day he was up and dressed for the first time for a week. The œdema disappeared from the thigh, and has now wholly left the leg and foot. I have rarely seen so severe a case of poisoning from this cause. Were I to see another, I should at once try this application as the *topical* treatment.

These cases are not enough to establish the superiority of the ap-

plication over others; but so far as they go, they give it a claim to attention. My own conclusion is, that used in this mode the pain is less and the effect more speedy and certain than if used alone.

J. H. NUTTING.

Orford, N. H., July, 1855.

# CASE OF BILIOUS ATTACK TREATED BY INHALATION OF CHLOROFORM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Receiving weekly your highly interesting Journal, and conning over its collection of well-digested cases from nearly every section of our wide-spread land, reminds me that an occasional fact from this extreme southern border of the Union might not be wholly devoid of interest to its many readers.

I would add, that I am about to publish a succinct diary, kept by myself, of the atmospheric phenomena of the past season at St. Augustine, which may be of service to the *phthysical* invalid desirous to resort thither to enjoy the prophylactic and thermal influence of its soft, balmy climate, during the season of uncompromising chills, winds and snows of your more northern clime, and which I shall be happy to forward to your Journal at some future day. In the meantime, should you deem the enclosed communication, illustrating one other remedial use of chloroform, worthy, please publish, and thus oblige

Your ob't serv't,

P. B. MAURAN, M.D.

St. Augustine, Florida E., June 27, 1855.

June 21, at 7, A.M., I was called to visit Lieut. ———, laboring under an acute bilious attack, with severe retching and vomiting, which he had endured for several hours previously. Found the skin hot and dry, pulse 130, tongue loaded with sordes, acute pain in precordia. Ordered pediluvia, sinapisms to pained part, and a pill of calomel (5 grains) to be taken and repeated in two hours, and two hours subsequently, a dose of castor oil. The latter was immediately rejected, but soon followed by copious bilious dejections, highly fæcal. The retching, however, continued, with intense *thirst*. Allowed ice to be bolted freely, until it was somewhat allayed. At 4, P.M., nausea still continuing, gave sulph. of morphia ( $\frac{1}{4}$  gr.). Rested tolerably. At 8, P.M., general urticaria developed, with intense itching, but with a desire still to vomit, accompanied with painful retchings and severe cramps in epigastrium and extremities. Placed a few drops of *chloroform* upon one corner of a handkerchief, and, immediately upon its inhalation, the intense itching, vomiting and cramps ceased entirely. Left a small quantity to be used through the night if necessary, which was inhaled moderately, once or twice, advantageously.

21st, 7, A.M.—Found the rash had disappeared, except some



slight patches, which occasionally changed from place to place. Vomiting, with show of bile, however, had recommenced, with dry skin. Ordered an enema—a quart of molasses and warm water—which was followed by small, watery discharges mixed with bile; continued nausea. Now exhibited chloroform, which again, as if by magic, opened the skin, and arrested the nausea, itching and spasms. At evening the rash had wholly disappeared, nor did it recur, but my patient was occasionally annoyed by nausea, which was as often relieved by the inhalation.

22d, 7, A.M.—A tranquil night has been passed. Ordered Seidlitz powder, which procured, in due time, free evacuations. Spare farinaceous diet recommended.

23d.—Found my patient well and about house.

The remarkable points in the above case, were, *immediate* subsidence of *nausea*, cramps and severe itching, under the minutest inhalation of chloroform, freedom from secondary depression, and prompt relief, under moderate internal medication.

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#### CASE OF FATAL PNEUMONIA FOLLOWED BY ABSCESSSES, IN AN INDIAN.

(Reported by JAMES B. COLEGROVE, M.D., Physician to the Buffalo Alms-house.)

I HAVE seen some allusions made by celebrated physicians, to the comparative amount of disease among the aborigines of our country and the Europeans, in which the relative proportion and rarity was stated to be much greater in the latter, and the amount of vitality and the ability to resist disease proportionably less. These facts were elucidated by the observation of individual cases. I have never seen, however, any statistics in relation to the subject, although I believe that any collection of cases of this nature would be very valuable and interesting. The rapidity with which our country becomes populated with Europeans, and their habits and customs adopted, is in exact proportion with that of the disappearance and decay of the "poor Indian." The one effectually and permanently supplants the other. Such facts would almost seem deplorable, and to be greatly regretted. They enkindle feelings of sympathy and pity. Once these noble forests were the hunting grounds of those of whom it has been beautifully and truly said—

"They died not by hunger or lingering decay,  
The steel of the white man hath swept them away."

But to the case. Jack Thomas, more commonly known in this region as "Indian Jack," a famous foot-racer, aged 30, entered the hospital department of the Buffalo Alms-house, October 1st, in a condition closely resembling collapse of cholera. He was found this morning in the public highway, in a state of insensibility, having had a protracted debauch. Stimulants were freely used with a view to establish re-action, which having occurred, the symptoms appeared to develop a clear case of typhoid pneumonia.

Pulse 125 ; skin dry and hot ; tongue considerably furred ; breathing a good deal disturbed ; severe pain in right back ; a dry cough ; no expectoration ; urine high colored ; some delirium. Patient was directed to take one drachm of the decoction of sanguinaria, every hour, until it produced narcotism. Also a mild cathartic of ol. ricini.

Oct. 2d.—Pulse 100, soft ; breathing greatly improved. A free evacuation of the bowels occurred this morning. I attributed the improvement to the beneficial effect of the sanguinaria. Ordered the patient to be put upon pulverized camphor and opium, proportion two parts of the former to one of the latter. Dose of powder, three grains to be given once in five hours ; also, sweet spts. nitre, one drachm once in four hours.

3d.—Pulse 120 ; considerable pain in head and back. Ordered sanguinaria infusion, as above, and application of sponge bath with tepid water once in six hours. This treatment was gradually succeeded by opiates, and the patient became slowly convalescent until 3d November, when he escaped from the nurse and undertook to go away. He was brought back, however, the same day, having suffered a severe chill which lasted an hour.

Nov. 4.—Pulse 115 ; tongue dry and red ; loss of appetite ; fever, attended by pain in the extremities and left buttock.

8th.—Left hand considerably swollen, and has the appearance of an abscess forming. Directed the application of a bread and milk poultice, and administered potas. iodidi, grs. 3, ter die.

9th.—Left buttock considerably swollen, and fluctuates under pressure. An exploring needle discovers thin putrid pus, which was evacuated by the lancet. The amount of pus exceeded 42 ounces. Treatment continued.

11th.—The swelling upon the hand proves to be an abscess of the same nature as the other, which was likewise opened.

The history of this last attack, so far, led me to suppose that the patient was now afflicted with phlebitis, in which opinion Dr. Hill, the head physician, fully concurred. The peculiar shape, character, and position of these abscesses, lying as they always do upon the line of some of the principal veins, and the peculiar color, consistence and smell of the pus, are unmistakable signs to any one who has once seen them. They are characteristic of a low state of the system, a loss of vitality and nervous energy, and great degeneration of the blood, and are always attended, as in this case, by hectic fever. Subsequent to this date, several large abscesses formed in different parts of the body, which contained large quantities of exceedingly unhealthy matter. No one who saw "Indian Jack" thought he would recover from this disease.

Dec. 15.—Our patient is again convalescent, nearly all signs of phlebitis having subsided. I notice a couple of hard tumors, three inches below the right ear on the neck. I suppose them to be glandular swellings. They are about the size of hens' eggs, and apparently of the consistence of new cheese. Appetite good. Per-



cussion reveals a little dulness (about the space of two inches) under the fourth rib and 4 inches from the sternum.

21st.—Cough greatly increased, attended with an expectoration of matter closely resembling healthy pus. Decided dulness on percussion, under the 4th and 5th ribs, and tenderness on pressure.

30th.—The swellings on the neck have enlarged to a complete mass, which extends from the clavicle to within about an inch of the lower jaw. The cough and expectoration are unchanged, except that the matter expectorated is thicker. Prescribed tinct. iodine in large doses, and also as an external application. Bowels kept open by mild laxatives. It should be noticed here that the appetite is, and has been for six days, absolutely ravenous.

Jan. 15th.—The condition of our patient is changed only in the fact that the dulness on the right lung is greater, and occupies more space. Pulse 95; appetite ravenous; expectoration lessened somewhat; bowels open; skin moist.

“Indian Jack” remained thus until Feb. 21, at which time it became necessary to remove him to the Hospital of the Sisters of Charity, on account of the destruction of the Alms-house by fire. The circumstance of a removal of five miles during the inclemency of the winter weather, could hardly fail to be attended with results greatly deleterious to the patient. The disease was somewhat aggravated, and the prospect of recovery much lessened, and yet it was astonishing to witness the amount of strength and vitality which remained after so long sickness, and such an extensive amount of disease had been undergone. The system appeared to be possessed of a power to resist disease rarely seen in any white person. I believe that in ninety-nine cases out of a hundred, one of our own class of people would, in any similar circumstances, have succumbed to the disease long ago. I did not have the care of this patient after his removal from the Alms-house, but learn from Dr. Hill, who was in daily attendance, that he gradually succumbed to the disease until the 12th of March, when he died.

A post-mortem was held by Dr. Hill. The tumors in the neck were glandular swellings, of remarkable size and much more compact in consistency than I had supposed. They cut like gristle. The right lung was completely hepatized.

The chief points of interest in this case, and which elicited most attention, were the singular fact of so wonderful a transition from one affliction to another, and so protracted an illness before death took place; also the uneasiness and unwillingness of the patient to await the proper time, and to take proper measures to become restored to health, all of which is only characteristic of the race of men to which he belonged.

*Buffalo, N. Y., July, 1855.*

**Hospital Reports.****MASSACHUSETTS GENERAL HOSPITAL.**

*Case of Jaundice—Death—Autopsy.* *Communication between the duodenum and gall-bladder. Cavity of the latter filled with coagula, and containing a calculus.* (Under the care of Dr. PERRY; reported by CALVIN ELLIS, M.D.) W. B., æt. 65; single; American. She entered the Hospital on June 20th. Was a little lame, and had been so since the preceding summer, when she had erysipelas on the foot. With this exception, was well until March 1st, when she had an attack of bilious vomiting. At the same time the skin became very yellow, and febrile symptoms manifested themselves, occurring afterwards about once a week. She had also had pain in limbs and side, particularly in the right.

At the time of her entrance, the face was of a dark-yellowish brown color, and the conjunctivæ yellow. She then complained of weakness, pain in head and both hypochondria, anorexia, nausea after taking food, thirst, and a sensation of burning in epigastrium. Pulse 80, full; bowels regular. On examination of the abdomen, the dulness on percussion was more extensive than usual over the right hypochondrium, which part was also somewhat enlarged. The edge of the liver was distinctly felt, extending an inch and a half below the rib, and was irregular and knobby to the feel. The urine was passed in small quantities, was high colored, and deposited a black sediment. Opium, gr. 1-3, and pil. hydrarg., gr. iij., were prescribed night and morning. The sensation of heat at epigastrium was relieved after the administration of this pill, which was repeated several times, and the patient was occasionally a little more comfortable, but the prominent symptoms continued the same. The skin lost nothing of its yellow hue; the urine continued high colored, and the dejections, often procured by means of cathartics, were generally clay-colored, though once mentioned as thin, watery and dark, and afterwards as bilious. The thirst was quite urgent. On the first of July, delirium made its appearance, and with subsultus was noticed more or less during the remainder of her life. The prostration became more and more marked; the tongue, which was at first moist, with a whitish coat, grew dry and dark; the urine was passed involuntarily, and she finally died on July 9th, stimulants having been used several days, with blue pill and mercurial ointment.

*Autopsy, 21 hours after death.* Face thin, but no marked emaciation of other parts. Some cadaveric rigidity. Skin everywhere of a deep yellow color. Upon the right wrist were a number of small ecchymoses, which appeared before death. Both lungs much congested posteriorly, but the greater portion still floated in water. Heart flaccid, and lining membrane stained by the small quantity of blood in the cavities. No coagula. Spleen flaccid and friable. Liver quite flaccid, weight 3 lbs. 1 oz. External surface smooth, with the exception of a portion, upwards of two inches in diameter, immediately above the gall-bladder, where it had a dirty-white, wrinkled, fibrous look. Substance of organ of a dark-green color, the spots marking the venous congestion presenting a darker shade of the same color. Gall-bladder very tense. At the fundus, it was firmly adherent to the duodenum and an adjacent portion of the colon. The tissue, uniting these parts, contained some adipose substance, and closely resembled the omentum. On opening the gall-bladder, it was found distended by a little liquid, but mostly coagulated, blood, some of the coagula having a yellowish, gelatinous appearance, like those often found in the heart and



bloodvessels. Lying in the midst of this was an oval gall-stone, measuring an inch and an eighth in its long, and five eighths of an inch in its short diameter, its surface being studded with numerous small red elevations like those of the oxalate of lime calculus. The thickness of the walls of bladder was about a line, but this was increased at certain points by fibrous tissue, which rose above the external surface, in the form of dirty-white patches, one or two lines in thickness, the largest of them being more than an inch in diameter, with an abrupt though rounded margin. The internal surface was rough and anfractuons, much resembling that of an old tuberculous cavity. Its color was mostly yellowish; in parts reddish. No communication with a bloodvessel was found, but about midway between the neck and fundus was an opening, perhaps two lines in diameter, through which a probe passed directly into the duodenum, at a point three inches from the pylorus. Near the transverse fissure was found the entrance of the cystic into the hepatic duct, but, though a probe could be passed some distance into the former it could not be made to enter the gall-bladder, and, as no blood was found in the duct, it was probably obliterated at some point. The hepatic duct and that of the pancreas were normal, and opened as usual into the intestine. Vena portæ normal as far as examined.

Each kidney weighed  $5\frac{1}{2}$  ounces. The capsules were removed with the greatest ease. Remarkably flaccid and friable. Substance of a dark-red or brown color, with a tinge of yellow. Just beneath the external surface of both, but particularly of the right, were a number of yellow, apparently purulent, deposits, about half a line in diameter, many of them collected together in groups, a quarter of an inch in diameter. The substance immediately surrounding these, was decidedly softer, and of a deeper red color than elsewhere.

The stomach and intestines contained much black or dark-brown liquid, the more solid portion in the large intestine being of the same color. Around the opening, through which a communication was formed with the gall-bladder, the mucous membrane was, to a limited extent, of a blackish hue. Through this opening a little blood escaped, on introducing a probe, and it is probable that the contents owed their color to the presence of blood which entered the intestine at this point. In the peritoneal cavity were found 3x. of deep yellow serum. Many of the tissues had a yellow tinge.

The dura mater was quite yellow. Vessels of pia mater somewhat congested. Rather more serum than usual beneath the arachnoid, on the right side. At the vertex, in the left hemisphere, was a cavity filled with serum, upwards of two inches in diameter, and an inch in depth, formed by a depression of the surface immediately adjoining the longitudinal fissure, bounded internally by the falx, superiorly by the arachnoid, or dura mater, and, on all other sides, by the convolutions, which were as distinct as in other parts, and covered by pia mater.

### Bibliographical Notices.

*Transactions of the Medical Society of the State of New York. Transmitted to the Legislature February 13, 1855. Albany: C. Van Benthuysen, Printer to the Legislature. 1855. Svo. Pp. 308.*

This volume, printed by order of the New York Legislature, contains twenty-one papers, most of which are of great value. Among them are

Dr. Frank H. Hamilton's "Report on Dislocations, with especial reference to their results," and Dr. Horace Green's communication "On the employment of Injections into the Bronchial Tubes, and into tubercular Cavities of the Lungs." The latter subject will be alluded to in another place, and our limited space will only allow us for the present to notice Dr. Hamilton's paper, which calls for our entire approbation. The object of the author is to supply a marked deficiency in surgical works on the subject of the *results* of the various dislocations to which the human frame is liable. The importance of the subject will be easily understood when we reflect that the reputation and worldly prospects of the surgeon are often made to depend upon the issue of a case of dislocation which has been under his care. We do not require to be reminded that skilful members of our profession have frequently been subjected to the vexation and expense of a law-suit, and in some instances have been mulcted in heavy damages for the treatment of a dislocation, the result of which no human skill could have obviated. One great cause of this is the ignorance which prevails as to the results of luxations of the various joints, and which is only to be explained by the reluctance manifested by practitioners to publish cases which might appear to have been unskilfully treated.

The cases reported by Dr. Hamilton have all either occurred in his own practice, or have come under his immediate inspection. We shall briefly allude to his results concerning the more important dislocations, regretting that our limits forbid a more extended analysis of his report.

*Dislocations of the Clavicle.*—Nine cases of dislocation of the clavicle were observed, of which eight occurred at the acromial end, and one at the sternal end. In these cases the clavicle was generally easily reduced, but in no instance was it made to remain in place. The functions of the arm and shoulder were more or less impaired in every case but one, yet generally the impairment was trivial. Dr. Hamilton says, "I am quite sure that it will not be found often, if ever, practicable to retain the scapular end of the clavicle in place when it has been once dislocated; and that the same difficulty will generally exist when the dislocation is at the sternal end." In the case of luxation at the sternal end, reduction was found to be impossible.

*Humerus.*—This bone was dislocated at the shoulder-joint 44 times, 30 of which it was in the axilla, and 14 forward. Of the whole number, 38 were reduced, 2 of which became reluxated, and remained so. In several instances a remarkable fulness was noticed in front of the head of the bone, which continued many months after reduction had been effected, appearing on casual inspection like a partial displacement forward. This the author regards as a purely muscular fulness. In certain cases there was immobility of the joint for several months after the reduction, the scapula moving with the humerus. This is ascribed by Dr. Hamilton to rigidity of the muscles, or *muscular ankylosis*, as he terms it, and usually disappears in time. He believes that the head of the humerus may be displaced after perfect reduction by gradual muscular contraction, without violence or sudden spasm. The *snap* sometimes heard at the moment of reduction was never audible when anæsthetics or mechanical appliances were used.

*Radius.*—Eleven cases of forward dislocation of the head of this bone are recorded, and 2 of backward, the experience of Dr. Hamilton thus differing from that of most writers. Of 7 cases reduced immediately after the accident, 5 only remained reduced.



*Hip*.—Of 7 cases, three only were reduced. One of the unsuccessful instances was under the care of the celebrated Chelius, who made six attempts at reduction. Nine years afterwards, the patient came under the author's notice. Dr. Hamilton is doubtful as to the general applicability of the method by manipulation without mechanical appliances. This method was successfully practised by the late Dr. Samuel Parkman, of this city, in several instances, the patients being etherized.

*Fibula*.—Of 17 dislocations, all were at the lower end, 16 were inward, 1 outward. In every instance, the dislocation inward was accompanied with fracture either of the fibula or of the malleolus internus, or of both. The author thinks that dislocation of the ankle is in fact a *rotation* of the foot upon the lower articulating surfaces of the tibia and fibula, this joint approaching the form of a ball-and-socket joint, in consequence of the prolongation of the malleolus externus and internus. In 14 cases complicated with fracture, but not compound, 2 remained unreduced, and only 4 are known to have left no permanent deformity.

Dr. Hamilton's paper concludes with a tabular arrangement of all his cases, by which the nature of the injury and the result can be seen at a glance, in every instance. In conclusion, we would express our thanks to the author, for so valuable a contribution to our knowledge on this subject, and for the protection his essay will afford to those of our profession who become the objects of unjust persecution through their inability to perform impossibilities. The present essay, and that read before the late meeting of the American Medical Association on the "Prognosis of Fracture, and its resulting Deformities," place him in an enviable position among surgical writers.

We may hereafter notice some of the other papers of this volume, and in the mean time must express our regret, that in a work of such value, so little attention should have been paid to its typographical execution.

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*The Mineral and Thermal Springs of the United States and Canada.* By JOHN BELL, M.D. Author of "Baths and Mineral Waters;" "Baths and the Watery Regimen;" Lectures on the Practice of Physic; "Regimen and Longevity;" "Dictionary of Materia Medica," &c. Philadelphia: Parry & McMillan; successors to A. Hart, late Carey & Hart. 1855. Pp. 394.

This is an exceedingly neat volume, of very convenient size, which, as well as its other good qualities, will recommend it to those resorting for health and pleasure to the various "Springs" of our country. Typography, paper and binding are alike excellent and appropriate, and merit the highest commendation. The book also has those essentials to completeness, a full "Index" and "Table of Contents." We have examined it quite attentively, and are struck with its apparently entire freedom from errors of the press and from *any* blemishes. It is altogether an *inviting* specimen.

While we can thus heartily commend the exterior, the contents win approbation upon every page. Dr. Bell does the profession and the public a favor at the same time; and whereas, we possessed no collected and reliable information upon the important subject investigated by our author, we now have a work which combines every thing relating to the composition of mineral and thermal waters of this country, with the most judicious advice as to the propriety and mode of their use, mingled with excellent hints to travellers, and to residents at the watering places.

The author dedicates his work to Lewis Waln, Esq.; and, in so doing,

styles it a "Small Book on a Great Subject." For a "small book," it certainly contains a vast deal, and when we learn from the admirably written preface that this volume is but the *avant courier* to one of very much larger dimensions, our idea of the industry and research required and applied, expands proportionately. It is intended, in this larger work, to comprise the springs and thermal waters of every quarter of the globe. Such an undertaking, executed with the ability and completeness which characterize the one under consideration, will leave nothing to be desired, and will prove a real boon to the world at large.

We had marked some ten places for extracts, &c., but space will hardly allow us, at present, to indulge our wishes in this respect. We therefore have it in view to return to the subject hereafter, and will refer to only one or two matters in this notice.

The author's remarks upon "*hygienic* precautions in visits to watering places," deserve the best attention of the reader; from the neglect of these, not only are the really good qualities and beneficial action of the waters often annulled, but serious disorder of the general health may arise, not to mention the various discomforts entailed by imprudence as to clothing, diet, and habits of different sorts. Those who frequent watering places, even if in good health, will do well to appropriate to themselves most of the cautions which the invalid *must* observe.

The advice as to "sleep and exercise," is judicious and important. (Pp. 28, 29.)

Chapter II. contains "rules for drinking mineral waters." The subject is most thoroughly and scientifically treated, and the style is such as to readily enlist the attention of the reader, while the evident truth of the teaching must gain his entire assent.

Among the various springs described by our author, we observe those of Sharon, N. Y., so deservedly renowned for their efficacy in rheumatic complaints. Dr. Bell mentions "disordered digestion, cutaneous affections of a chronic nature, scrofula, rickets and swelling of the lymphatic glands," as likely to be always benefited by these waters used internally and externally. Several other most serious affections are enumerated as more or less amenable to the influence of these sulphureous waters. "Chronic catarrh of the bladder, and gravel; chlorosis; leucorrhœa; inveterate gonorrhœa and nocturnal pollutions; tremors and paralyses caused by lead-poisoning," are among these.

Deferring to a future opportunity the consideration of several points alike interesting and important, we can heartily advise all who take the least interest in the subject, to purchase and examine this little work. We can assure our readers that it will thoroughly repay them for an attentive perusal; and we are confident that none who once own it, will part with it willingly. To the invalid and the tourist it will prove invaluable.

From the Appendix we learn the exact temperature (Fahrenheit) of all the "thermal springs" of the United States.

One hundred and thirty springs and groups of springs, belonging to the United States, are more or less fully noticed in the volume; if "each separate spring" were taken into account, "the number would exceed two hundred."—(*Preface.*)

The author's reputation, already established, gains new laurels from this production.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, JULY 26, 1855.
 

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## TRIBUTE OF RESPECT TO DR. JOHN WARE.

AT a casual meeting of a number of physicians soon after the return of Dr. John Ware from Europe, the belief was unanimously expressed that it would be agreeable to the profession generally, to improve the occasion to signify to him in some way their high regard. A Committee was named, consisting of Drs. Gould, Perry, and H. W. Williams, to address him, and measures were taken to obtain the signatures of the physicians of the city and vicinity, so far as they could be found within the limited time proper for such an attempt. We take pleasure in laying before our readers the following correspondence resulting from the meeting.

"DR. JOHN WARE.—*Dear Sir,*—It has afforded us unqualified pleasure to know of your safe return from your recent tour abroad. We are most happy to learn that your health has been essentially benefited, and that your prospects for still further active service in the profession are decidedly revived. Living, as many of us have, as your immediate associates for many long years, on terms of unbroken cordiality, and as many more of us have, to be taught by your wisdom, to be aided by your counsels, and to be guided by your example—it would be a high gratification to us to take you once more by the hand, in token of the appreciation in which we hold your personal worth and professional merits. The highest honors at the disposal of your peers have already been conferred upon you, and we have nothing more of the kind to bestow. We respectfully ask, therefore, that on some evening which may suit your convenience, you will grant us the privilege we solicit, of unitedly meeting you; promising to make it an occasion for social intercourse, rather than a festive entertainment; believing that such a reception would accord best with your feelings, and knowing that the warmth of our regard for you needs no extraneous stimulus on our part."

This letter was signed by about one hundred and thirty physicians, beginning with Drs. James Jackson, J. C. Warren, George Hayward, John Homans, &c.; as many, indeed, as could be reached in the allotted time. To this, Dr. Ware made the following reply.

"BOSTON, July 8, 1855.

"To Drs. James Jackson, &c.

"GENTLEMEN AND FRIENDS,—I find it difficult to express in suitable terms my grateful acknowledgments for the cordial reception I have met with from my medical brethren on returning, after a long absence, and especially for the honor done me by your kind invitation. You will believe, I know, though I feel obliged to decline responding to it in person, that I do not in any degree undervalue such a mark of regard from those whose good opinion is to me of the highest value. To those eminent men, my seniors, who have joined in this token of regard,—some of whom were my honored teachers;—to my cotemporaries, with whom it has been my happiness to labor for so many years, with all the eagerness, but I trust little of the heat, of professional competition;—to my juniors, with so many of whom I have myself stood in the relation of teacher, and who have done far more than justice to the instruction they have received—I tender my most sincere

thanks. Fortunate as my professional life has been, no event of it has excited a deeper emotion than this. It is little to say that I most cordially reciprocate the sentiments you express. I rejoice to associate myself again with a profession which has occupied, for so much of my life, the principal part of my time and my thoughts, and to be again among those who have so long been my companions in its duties, and whom I have so much reason to honor and regard.

"I may be permitted to say, I trust without presumption, that it ought justly to be an occasion of satisfaction to any man, to be able to count himself among your number. As there is hardly any where a community more competent or more ready than ours, to do justice to the claims of the medical profession, so I believe there is hardly any where a body of men more competent to their duties; guided by a higher moral sense in their performance; more faithful to the public whom they serve; and more honorable in their intercourse with each other, than the physicians of Boston. This has always been their character; let us trust that it always will, let us endeavor that it always shall be their character.

"In looking at the state of medicine in other countries, one is naturally led to institute a comparison of its condition with that which exists in our own, especially to consider our deficiencies and our advantages. Now it is not to be denied that in the scholastic perfection of our education, we are yet far in arrear. Our training is less exact, less thorough, less extensive. In preliminary studies, in the cultivation of collateral branches of knowledge, even in the amount of attention paid to those, which, though strictly medical, are yet only preparatory to actual practice, we are greatly deficient. But in that sort of discipline which prepares for the emergencies of real life, and consequently in the qualification of our practitioners for the actual management of disease, we have no reason to shrink from comparison. Indeed, I have been strongly impressed with the fact, that, as physicians and surgeons, our countrymen are inferior to none; but exhibit in our art the same practical talent which has distinguished them in all others.

"Further than this, it is not, I think, too much to say, that, in the adoption of those great fundamental principles of treatment, which are now every where making their way with more or less rapidity, the profession here has been as early as in any part of the world. I have been forcibly struck, while abroad, by finding these principles, which have been gradually making their way with us for more than thirty years—and for which we have at home been sometimes charged with a timid and irresolute practice—canvassed as something quite new, and spoken of as doubtful innovations. Many must recollect to have felt, in reading the admirable papers on such subjects, by the former accomplished editor of the *British and Foreign Medico-Chirurgical Review*, that he was propounding and discussing views with which they had become in no inconsiderable degree familiar. It would be presumptuous to assume that these views contain the ultimate truth. We may yet learn, or our successors may, that practical medicine is capable of a system as positive, and in some sense as active, as that which is giving place to the present, but founded on a more careful observation—a more guarded induction, and a more thorough pathology. Should this happen—and we may surely hope for it—we shall have still sufficient cause for self-gratulation; the result will not the less be to the credit of a free spirit of inquiry. Our present state of opinion is one through which it is necessary to pass, in order to the discovery and establishment of an ultimate and positive system. For it is no new remark, that to become aware



of errors and prejudices is a necessary preliminary step to the perception and admission of truth ; just as much as removing the rubbish of the old building must precede the laying a foundation for the new.

"But it was not my intention to enter into the discussion of medical topics, on which there may be, even now, some difference of opinion. It was my design merely to allude to that circumstance, which, next to their high personal and moral worth, most distinguishes the community of medical men of which I am proud to call myself a member—viz., the cultivation of a spirit of free inquiry which is not shackled by usage or tradition, and while it has all due reverence for the labors of the past, finds their best use to be, in furnishing materials for greater progress in the future. This spirit it is, which has made them—if not the earliest—among the earliest in that change of medical opinion, which is the most remarkable characteristic of our science at the present day.

"Gentlemen, I again thank you for your kindness. I have much reason to believe that my future labors in our profession, if not shortened, must at least be limited ; but in either case, my interest in it, my regard for its prosperity and honor, can never be diminished. And among the last ties I shall wish to have severed, is that which binds me to it and to its members.

"I am always, most faithfully, your friend and brother,

"JOHN WARE."

#### DR. HORACE GREEN AND THE NEW YORK ACADEMY OF MEDICINE.

UNDER the title of "Catheterization of the Lungs," we alluded in a late number to the report of a Committee of the New York Academy of Medicine, on a paper read by Dr. Green, concerning the Injection of the Bronchial Tubes. Our information, which we believe to have been correct, so far as it goes, was derived from the New York Daily Times. The last number of the "American Medical Monthly" contains a very full and accurate account of the whole subject, including the "Minutes of the Committee," as reported by its Secretary, Dr. J. O. Stone, the Majority Report, the Minority Report by Dr. B. F. Barker, with remarks by the same gentleman, the discussions at the meetings of the Academy, and a Report by Dr. A. H. Stevens (one of the Committee), besides remarks by the editor of the "Monthly." In order to accommodate so large an amount of matter, sixteen extra pages are added to this number of the Monthly, the whole forming a most interesting and valuable paper, which we hope will be widely circulated, that the profession may possess all the facts, and all the arguments, *pro* and *con.*, on this much debated subject.

The following "Conclusions" are submitted by the Committee, as the result of their investigations.

"1st. Catheterism of the air passages dates its history from the time of Hippocrates.

"2d. The best evidences of the passage of an instrument into the air passages, are the rational signs.

"3d. The facility of the operation depends upon the kind of instrument used ; the tube having a large curve being best, and the sponge probang least adapted to enter the trachea.

"4th. That there is no reliable evidence, in the opinion of your Committee, that the *sponge probang* has been passed through and beyond the vocal chords.

"5th. That there is no positive evidence that an instrument can be passed at will into the right or left bronchial divisions.

“6th. That in the great majority of instances where injections are supposed to have been thrown into the lungs, through a tube, they have passed directly into the stomach.

“7th. That as regards the utility of injections of nitrate of silver into the lungs, the facts thus far developed, in the experiments of your Committee, lead them to regard the operation as one fraught with danger, as well as difficulty.”

The friends of Dr. Green are dissatisfied with the majority report, which, they contend, takes a partial view of the subject, and does injustice to that gentleman. The principal objection seems to lie in the evidence upon which the Committee relied, for ascertaining the presence of the instrument in the trachea. Dr. Barker complains that “the report of the Committee ignores all evidence as furnished by the statements of others. They base their report and their conclusions entirely upon the results of the experiments which they have witnessed, to which they have applied certain differential tests.” But surely it would be an extraordinary thing for a Committee, avowedly appointed for the purpose of making an experimental investigation into a subject, to draw conclusions from the “statements of others.” One of the objects for which the Committee was appointed was to ascertain if those “statements” were true; and to do this, they could only trust the evidence of their own senses. Had the Committee relied upon the statements of authors generally, on this subject, we think the result would have been more unfavorable to Dr. Green. The test upon which the Committee chiefly relied, was an appearance of impending suffocation, suffusion of the face, rapidly increasing to turgescence and lividity, anxiety, violent and spasmodic cough, &c. Dr. Barker undertakes to show by facts, that these signs are entirely fallacious. His *facts*, however, appear to be only quotations of the opinions of various authors.

We think one can hardly fail to be convinced, from the record of the meetings of the Committee, that the gentlemen comprising it devoted themselves to their duties in the most laborious and impartial manner. Five meetings were held, viz., twice at the office of Dr. Green, and three times at Bellevue Hospital; and experiments were made, with every appearance of fairness, on thirty-eight patients. We must say, that on the whole, the report flows naturally from these observations.

Much exception appears to be taken to the seventh “conclusion,” as to the danger and difficulty of injecting solutions of nitrate of silver into the lungs. The Committee saw the operation performed three times; in two of the instances, no immediate ill effects were noticed; in the third, the patient, who was apparently too much enfeebled by disease to undergo an experiment of this nature, exhibited less distress during the passage of the tube than either of the others, but became much agitated immediately afterwards; the sphincters were relaxed, there was dyspnoea, lividity and coldness of the surface, with a pulse of 120 to 130, and death took place in twenty-six hours. There was nothing in the man’s appearance before the operation which indicated that his health was worse than usual, and we cannot avoid the conclusion that his death, if not occasioned, was hastened by the injection. Dr. Barker says that Dr. Green neither advised nor suggested the operation. He was present, however, and there is no evidence that he objected to it. The editor of the *Monthly* endeavors to throw discredit upon Dr. Frothingham’s report of the *post-mortem* appearances in the case, on account of the inexperience of that gentleman, who may not be “one of the best pathologists and microscopists in the city.” We can only



say that the statement of Dr. Frothingham bears every evidence of being made by an accurate and expert person.

In conclusion, we are inclined to place much confidence in the Committee, and until further evidence is afforded us, to adopt the opinions expressed in their report. We wish the reports and papers, as printed in the Monthly, might be issued separately; the subject is one of great interest, especially in this country, and many who are not so fortunate as to be habitual readers of that handsome and valuable Journal, would be glad to possess an accurate account of the whole matter.

#### DEATH OF DR. ELISHA BARTLETT.

ELISHA BARTLETT, M.D., died at his residence in Smithfield, R. I., July 18th, at the age of 51 years, having long been the victim of a painful neuralgic affection, which compelled him, last fall, to retire from all active employment. Dr. Bartlett was well known as a writer of eminence, being the author of several works on medical subjects of a very high character. He was also a frequent contributor to various scientific and literary periodicals. His most celebrated work is his treatise on typhus and typhoid fevers, which has received the highest commendation from the most eminent medical men. He was professor successively in the Berkshire Medical Institution, the Vermont Medical College, the Transylvania College at Lexington, Ky., the Medical College at Louisville, Ky., the Medical College at Baltimore, and finally, the College of Physicians and Surgeons in New York. In his private capacity he was distinguished for his purity of character, his stern integrity, and his kindness and social virtues.

#### DEATH OF DR. STEPHEN W. WILLIAMS.

WE regret to announce the death of Dr. Stephen West Williams, who died on Saturday, the 14th inst., at Laona, Winnebago Co., Illinois, where he had resided since the autumn of 1853. During the first sixty years of his life, Dr. Williams was an inhabitant of Deerfield, in this State, where he occupied a prominent position as a successful practitioner, and an upright and respected citizen. At the time of his departure from that town, he was presented with a gold watch by the members of the Franklin District Medical Society, over which he had presided many years. He was a constant contributor to this Journal for the last twenty years, and was also a frequent writer in other medical periodicals, particularly the New York Journal of Medicine and the New Jersey Medical Reporter, in the last of which he published an interesting correspondence with Dr. Jonathan Pereira, on the subject of the *Materia Medica* of this country. He died as he had lived, beloved and respected by all who knew him.

Dr. Geo. S. Jones, formerly one of the editors of this Journal, has been appointed physician to the Suffolk Jail, and in consequence has resigned his seat in the Common Council.

*Deaths in Boston* for the week ending Saturday noon, July 21st, 105. Males, 56—females, 49. Asthma, 2—apoplexy, 2—disease of the bowels, 1—inflammation of the brain, 1—disease of the brain, 1—consumption, 13—convulsions, 4—cholera infantum, 23—croup, 1—cancer, 1—dysentery, 1—dropsy, 3—dropsy in the head, 3—drowned, 4—inflammation of the bladder, 1—infantile diseases, 10—puerperal, 2—sunstroke, 2—exhaustion, 1—typhus fever, 1—homicide, 1—hooping cough, 1—disease of the heart, 1—intemperance, 1—inflammation of lungs, 2—congestion of the lungs, 1—marasmus, 2—old age, 1—pleurisy, 1—premature birth, 1—scarlatina, 1—scrofula, 1—smallpox, 3—disease of the spine, 1—teething, 7—thrush, 2—unknown, 1.

Under 5 years, 61—between 5 and 20 years, 7—between 20 and 40 years, 20—between 40 and 60 years, 10—above 60 years, 7. Born in the United States, 83—Ireland, 17—Germany, 3—British Provinces, 1.

*The New Medical College in New York.*—The walls of the new building for the College of Physicians and Surgeons, New York, corner of Twenty-third st. and Fourth avenue, are rapidly rising. The front of the College on Twenty-third street will be about 63 feet, three stories, the basement rusticated with cut stone. The doorway is to be approached by a double flight of winding steps, protected by an elegant double rail.

The prevailing style is mixed Doric. The side of the building on Fourth avenue will comprise three stories above the basement, and will be nearly 100 feet in length. The story upon the street is to be fitted up for stores; underneath, cellars are intended as saloons for the sale of various articles. Of the internal arrangements, nothing can be seen at present. We understand the building will be complete by the 1st of October. At this moment the interior walls are about 31 feet out of the ground, and little can be judged of the ultimate destination of the building.

The second story will comprise a spacious lecture room, about 50 feet by 45, a laboratory, a Faculty reception room, and other private rooms.—*N. Y. Daily Times.*

*Cure of Diabetes Mellitus.*—By Dr. ZIPFELI.—The diabetes here mentioned was cured in the short space of three months and a few days by the use of cod-liver oil in full doses, and conjoined with a diet of animal food.—(*Gaz. Med.*)

*Observation.* "A journalist, 25 years old, entered the hospital to be treated for the itch. It was discovered that he had had diabetes since the previous September. Two or three spoonful of cod-liver oil, a day, were first prescribed, to be increased *ad libitum*. The patient grew so fond of the remedy that he consumed about a half pound of it in 2 days. On the 30th of May (1854), he was able to leave the hospital, entirely cured; he had regained his flesh and there was no trace of sugar in his urine; in all, he took 13 pounds (*litres*) of the oil. It is possible that the rapidity of the cure in this case was owing to the fact that the diabetes was recent. On the other hand, the patient was a very poor man, who lived in the midst of privations and was a brandy drinker; the good diet upon which he was placed in the hospital, without doubt contributed greatly to his recovery.—*Gaz. Med.*

*Glass Brushes for Applying Fluid Caustics.*—It is desirable, in the use of any of the mineral acids as escharotics, that their strength should not be diminished by the employment of any material susceptible of being charred. A serious objection, therefore, lies against the use of wood, cotton-wool, lint, &c., all of which have been recommended for that purpose. Glass is by far the best material, being at once durable, cleanly, easy of use, and quite insusceptible of the action of the fluid. A glass rod, rounded at one end, and drawn to a fine point at the other, may be made to serve most purposes, one or the other extremity being employed according as it is wished to apply the acid over a large or small extent of surface. A few brushes, of different sizes, made of spun glass, are, however, yet more convenient. Those sold in the shops are much too large for most of the purposes mentioned in the above notice of the uses of the acid nitrate, and we have seen none which would exactly meet the required conditions, excepting those in use at the Hospital for Skin Diseases. With a little glass tubing, of the thickness of a quill, a skein of spun glass, and a little sealing-wax, they may be inexpensively made by any one of ordinary ingenuity. The brush part is first made by uniting together with sealing-wax a tuft of the spun material, and is then introduced into the end of a tube, which has been either flattened out or brought nearly to a point while heated. A little additional heat easily fixes the tuft in position, and by scissors it may then be cut down to the requisite size.—*Med. Times and Gaz.*, January 6, 1855.

*Extirpation of the Uterus.*—Dr. REICHE states that he has extirpated the entire uterus seven times; and in all cases the result was fatal. He, however, advocates the operation in cases of cancer confined to the organ. He then describes the method of operating; this presents nothing calling for analysis. Partial extirpation he represents as a painful operation, but one free from danger. It is indicated in all degenerations limited to the neck of the uterus.—*Brit. and For. Med.-Chirurg. Rev.* April, 1855, from *Deutsche Klin.* 43. 1854.



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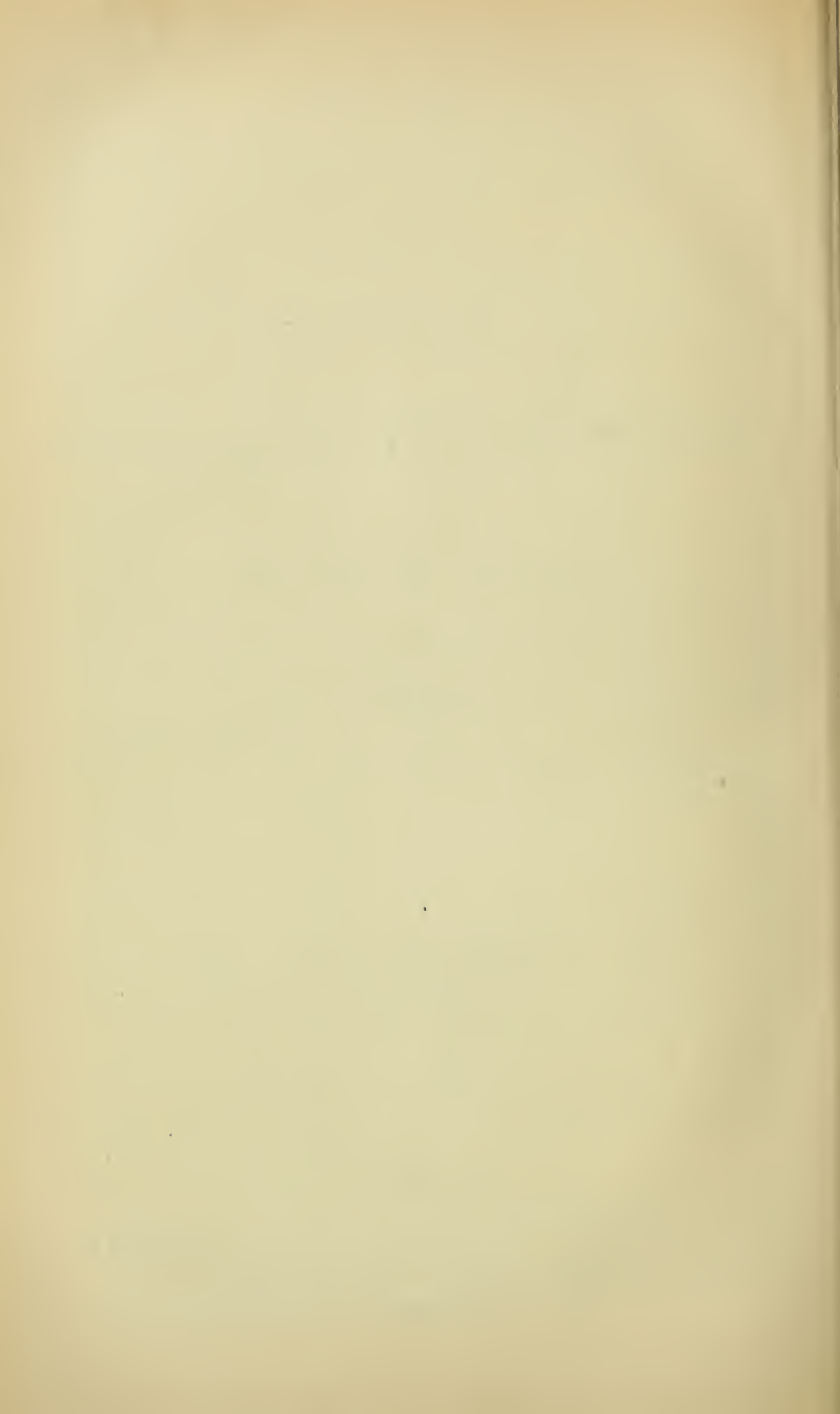
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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## INCISED WOUND OF FEMORAL ARTERY.

[Communicated for the Boston Med. and Surg. Journal.]

THE practical considerations of the following case, induce me to offer a brief notice for publication.

J. DEANE.

*Greenfield, June 17, 1855.*

A young man, in a fit of intoxication, inflicted a deep punctured wound in his thigh, with a large knife he was brandishing about. It was followed by an enormous escape of blood, which instantaneously rendered him pulseless and apparently lifeless. He rallied, however, but it was many hours before circulation returned to the wrist. During this state of physical depression, the hemorrhage ceased entirely, and it was hoped permanently.

It was a fallacious hope. There was a slight loss of blood upon the succeeding day, which was easily stayed, and no further bleeding occurred during a period of more than three weeks, when it was repeatedly and profusely renewed. At this juncture my connection with the case commenced. The patient was exsanguinous; and upon removing the dressings, the anterior half of the thigh was seen to be vastly distended, and there was an opening through the integuments at its summit, directly over the course of the femoral artery, as it is crossed by the sartorius muscle. This opening was distended with coagula, and its margins were hot and tumid. It was evident, upon this inspection of the limb and upon a review of the facts, that no other than the femoral artery could deliver the perilous hemorrhages that so exhausted the patient, and that summary means to arrest these discharges should be no longer delayed.

An incision through the integuments and cellular tissues was carried from one extremity of the swelling to the other, an extent of ten inches, which exposed the deep-seated fascia. Upon introducing a finger into the puncture of this membrane, it was met by a powerful emission of arterial blood, which was arrested by compression upon the pubis. The glistening fascia was then divided to an extent corresponding to the external incision, which liberated an immense quantity of coagula, leaving the thigh thoroughly excavated. It could then be demonstrated that the femoral artery was

severed, and in consideration of the inflamed condition of this vessel and its investments, below the origin of the profundus, it was deemed most expedient to apply the ligature above, at Poupart's ligament, which was accordingly done.

From that moment, the hemorrhage ceased, and the cure proceeded to a rapid and successful termination. Re-action was speedily established in the limb; the ligature was detached in three weeks, and in another week the patient sat up. This gratifying success must be attributed, in a great degree, to the free division of the walls of the artificial sac, which was thereby brought at once into a condition of adhesive inflammation.

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#### SPONTANEOUS DISAPPEARANCE OF AN ABDOMINAL TUMOR.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I saw, in a late number of the Journal (page 392), an account of the spontaneous disappearance of an abdominal tumor, by the bowels. It brought to my mind a case that I once treated.

Mrs. Ford, at the age of about 50 years, became unwell with what was considered, by her physician, colic. The attacks were very severe, and she had, at times, a great deal of distress in the head. In the meantime, an enlargement of the abdomen was noticed, with permanent distress through the bowels. This sickness commenced in March, 1839, and though she is still alive, she is not now able to sit up much. The enlargement of the abdomen continued to increase. It was supposed to be caused by an ovarian tumor, and her physicians (for she had many of the best in the vicinity before I prescribed for her), supposed that it would kill her. But at length the tumor began to discharge at the navel, and after awhile it gave way below, the contents passing out through the vagina. At present she is so emaciated that her spine can be felt through the walls of the abdomen.

The question is, did the discharge pass through the Fallopian tubes into the womb, and so out, or was there an adhesion between the tumor and the vagina, and ulceration through the parts at this point of adhesion? The discharge at length ceased.

I will not attempt to detail the treatment in her case, she having been sick so long, and under the care of such a variety of physicians. I will simply say that nothing seemed to do her any good, except when she had her colicky and other acute attacks. Her constitution is nearly destroyed. Conversation, and the walking a few times across her room, by a neighbor, will tire her, so that she will rest very little the following night. At one time when I visited her, she showed me a pin, which she said she took, as she thought, from the urethra. It had shreds of what seemed to be mucous membrane around it, near the head. She said she recollected having swallowed a pin quite a number of years previous to her illness.



The pin was found some years, at least, after the tumor had disappeared. The feeling of distress in the bowels did not leave her till this pin was found, and then, she said, it nearly ceased. Previously to the commencement of the sickness, in 1839, her health was very good, and she was able to take a great deal of exercise in household matters and otherwise. She has had very little medical advice for the last five years, and for the last ten has been hoping and expecting that her days would soon end. Is it possible that the pin could have had anything to do with her sickness?

N. L. FOLSOM.

*Portsmouth, N. H., June, 1855.*

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#### CASE OF INFANTILE SYPHILIS.

BY J. E. THOMPSON, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 22d of November, 1854, Mrs. W. was confined with her first child. The child was large and fleshy at birth, and nursed remarkably well for about ten days; it then grew fretful and refused to take the breast. On the fourteenth day a small eruption was noticed upon the face, arms and lower extremities; whereupon the mother took it to an old lady in the neighborhood to have it "doctored for the thrush." She "tea'd" it for about two weeks, but the child grew worse instead of better. On the 3d of February, 1855, the child was brought to my house. Not being at home I did not see it, but got the following description of its symptoms; viz., its face, arms and lower extremities were covered with darkish-yellow ulcers with purple edges, from the size of a pea to that of a quarter of a dollar, discharging a dark-yellow matter, rather offensive. There were several ulcers in and around the eyelids. Its lips were ulcerated, so that when its mouth was closed for a few minutes it could be opened only with much difficulty and pain. There were also several large ulcers upon its tongue, and seemingly in its throat, from the cough, expectoration, difficult respiration, and inability to cry. The bloody matter might, however, have come from the mouth at that time. The next time I heard from the little sufferer, Dr. Requa, then their family physician, was waiting upon it, expecting it to die every day.

On the 13th of May I was called in haste to see the child, and found it almost suffocated, the face livid and much swollen. The ulcers now covered its whole body; I counted seventy, from the size of a half dollar to a bit, to say nothing of smaller ones. They appeared deep, a darkish-yellow in the centre, with purple margins, discharging quantities of dark-yellow matter, quite offensive. There were ulcers in and around the eyelids, so that when they were opened a bloody discharge would trickle down its cheeks. The frænum of the glans penis was deeply ulcerated, and there were

several sores upon the body of the penis. The urethra was smaller than natural, the contraction almost amounting to a stricture. The scrotum was also ulcerated. The lividity of the face and difficult respiration excited my fears that the child would not survive long; but upon examining its nose, I found that both nostrils were plugged. I immediately extracted a substance from the left nostril, of the size of a common garden bean, covered with a bloody, inspissated mucus, and one from the right, about the size and shape of a large pea. These substances were about the hardness of a grain of corn. After these were taken away, it breathed a little easier, and its color became more natural; the pulse was excited; there was a dry, hacking cough, with inability to cry. Its tongue and mouth were so much ulcerated that it could not nurse, which in my opinion was better for it, as the mother's health was not remarkably good. The bowels were constipated and tender upon pressure; urine highly colored, streaked with blood, scanty, passed with pain, and containing a good deal of sediment. Both fontanelles were as open as at birth. The child had a chill the morning before I saw it, at 12 o'clock. The former physician had given it four *one-grain* quinine powders the first day he saw it; he then gave it equal portions of bi-tartrate of potassa and flour of sulphur—a teaspoonful three times a-day for ten days, and ten drops of vinegar of squills four times a-day for five days. I gave five grains of hydrarg. sub. mur. every two hours till the bowels were moved. After the mercury acted, I gave the following tonic—R. Quinæ sulphat., salicina, āā gr. xij.; piperine, gr. ix., to be divided into twelve powders—one to be taken every two hours in honey. In connection with the tonic, I ordered syr. scillæ comp., f ℥ ij., with spt. ætheris nitrosi, f ℥ iij., as much to be given as the child could bear every hour and a half, and ordered ung. hydrarg. mit. to be spread upon lint and applied to the ulcers twice daily, and to be washed as often in Castile soap and soft water, and a weak solution of argent. nit. crys. to be applied to the eyes and eyelids twice a-day, and three grains of hydr. cum creta to be given once a-day for twelve days; linen to be worn next to the body, and sago and weak milk and water for a diet.

June 8th.—The child is hearty and growing finely; it begins to bear its weight upon its feet. The ulcers are all well, and the skin is clear. Where the ulcers were situated, there are dark-red cicatrices. The eyes are not quite well yet, owing to its having rubbed them with its hands. The probability is, the child will never be sound, and yet it may have tolerable health.

I questioned both parents with reference to their having had syphilis. They said not to their knowledge; but I was told, a few days ago, by a physician of considerable note, that he had attended the mother about three years previous to her marriage, for syphilis, and that pretty bad, too.

This case is of interest to me, from the fact of its being the first



of the kind I have seen ; though it is not quite like the two cases reported by Dr. H. W. Williams, before the Boston Society for Medical Observation, April 16th, 1855, and in the Boston Medical and Surgical Journal, Vol. LII., page 254.

*Bates Co., Mo., June, 1855.*

#### ADHERENT PLACENTA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—If the following very short article is deemed worthy of admission to your pages, you are welcome to it.

Yours, &c., W. HOOKER.

*New Haven, Ct., July 13, 1855.*

In the Records of the Boston Society for Medical Improvement, reported in the Journal of July 5, I see a case of adherent placenta reported by Dr. Storer, in which the adhesion occurred for the second time. It reminded me of a remarkable case of the same character in my practice. In this case the adhesion occurred every time that the woman was pregnant, which was five times. The woman was, as in the case of Dr. Storer, perfectly healthy, always had a good getting up, and the children were plump and strong, showing that there was no defect of nutrition from the state of the placenta. I attended upon her four times, and at each time the adhesion was firm throughout, and the flowing was considerable. In her fifth confinement the case had passed out from my hands, and I have had no direct report from the physician who attended upon her. I learned enough, however, to be satisfied that she died from the flowing consequent upon adhesion of the placenta.

*Extensive* adhesion of the placenta is fortunately not a very common occurrence. In 1273 cases of midwifery which I have attended, adhesion took place nine times. In three of these it was not extensive. In six of them it was extensive, and four of these occurred in one person, as related above.

#### ON CANCER OF THE LIP.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I have preserved but few of my cases of cancer of the lip. The two following are at your service.

CASE I.—John Marble, æt. 63, presented himself at my office with a large ulcerated tumor on his under lip, where his tobacco-pipe had long been accustomed to rest. He had had a tumor severed from his lip some time previous, by Dr. Campbell, of Scotland. I removed this tumor, and re-united the lip by two hare-lip pins. It healed kindly. In about one year the sub-maxillary gland began to enlarge. Iodide of potassium was given. The

progress of the disease was slow, and the tumor finally reached the angle of the jaw and parotid gland. The power of mastication was lost, and the patient subsisted on gruel and broths. Matter began to ooze from it, at different points, outside and inside. Hemorrhage occurred, at first slight, but soon to a frightful degree. It was restrained temporarily by astringent injections, but the patient soon died from exhaustion. Ought not the sub-maxillary gland to have been removed early?

CASE II.—John Hanna, of Ireland, æt. 74, had a very large fungous tumor on the lip at the place occupied by his tobacco-pipe. The growth was kept down by the application of strong escharotics. It ulcerated and enlarged rapidly, I removed the tumor, with the advice and assistance of Dr. Steele, and with it two thirds of the lower lip, the apex of the triangular piece removed extending to the end of the chin. The wound was closed with stitches as far as practicable. It healed in good time, and with comparatively little deformity. About one year afterwards, the disease began again to show itself under the chin, extended rapidly to the throat, and destroyed him.

I have found many of the worst cases of cancer of the lip to occupy exactly the resting place of the tobacco-pipe. Is it not well to warn inveterate smokers of this, that they may foresee the evils of smoking, and avoid its fatal consequences? For many years I have felt doubtful of the propriety of operations on cancers of certain localities, especially the female breast, the testicle, and the lip. My experience in cases of cancerous lip has been considerable, but I need not string out cases—the profession needs nothing farther from me on this subject. I will only say, that among many cases that were failures, I have found some perfectly successful. Hence we will try to distinguish between them in future. Yet in many unfavorable cases we feel assured that life has been prolonged by operations, even when they have failed to cure.

FERRIS JACOBS, M.D.

*Delhi, N. Y., May 22, 1855.*

#### ON SECONDARY INFLAMMATION OF THE JOINTS.

[WE copy from the *Lancet* the following abstract of an interesting paper with the above title, read before the Harveian Society of London, on the 17th of May, by Mr. COULSON.—EDS.]

These inflammations, he said, occur during the course of other disorders. They are not accidentally associated with them, but evidently connected by some peculiar link with the primary affections, as is shown not only by the peculiar characters of the secondary diseases, but by the frequency of their occurrence during the course of the primary affection. The term “secondary inflammations” is applied by the author to these diseases of the joints in order to leave open the question of their nature; but he



is disposed to affirm that more accurate and extensive investigations will enable us to ascend one step higher, and trace them all to blood-poisoning. Having related the details of a case of gonorrhœal rheumatism, the author observed that the points of most interest in connection with these secondary inflammations of the joints are :—1st. What are the primary diseases with which they are allied ? 2d. What is the nature of these secondary affections ? are they of rheumatic origin, as the name given to them generally would lead us to suppose, or are they specific inflammations ? 3d. If specific inflammations, does each group acquire its specific character from the primary disease on which it depends, or can we trace the whole class of secondary joint affections to one general law, giving to all the same character independently of the particular disease from which the group appears to originate ? According to the author, the chief primary diseases or conditions with which these secondary inflammations are connected may be divided into seven groups. They are—1. The puerperal stage, giving rise to puerperal rheumatism. 2. Exanthemata, especially smallpox and scarlatina, producing inflammations of the joints generally attributed to rheumatism. 3. Injuries to the genito-urinary apparatus of the male. 4. Gonorrhœa, followed by so-called gonorrhœal rheumatism. 5. Animal poisons, especially that of glanders. 6. The state of new-born children. 7. Injuries, amputations, &c., followed by purulent inflammation of the joints. In speaking of puerperal rheumatism, the author pointedly alluded to the error committed by many writers, who join the name of rheumatism to the articular affections which occur in puerperal females. These differ from true rheumatism in every essential particular—in the general and local symptoms, in the course, in the result, and in the effects of remedies. The general symptoms of acute rheumatism are inflammatory ; those of puerperal arthritis are eminently atonic. Besides this, the general symptoms which accompany the articular affections of puerperal women do not belong to the joint diseases ; they do not correspond to any known class of fevers, but they depend on a peculiar state, which has been traced to purulent infection of the blood. The general signs of the rheumatic diathesis are absent in these and other cases of an analogous kind—a circumstance which should be decisive of the question. The course of the two affections is different ; although the local symptoms are much less violent in puerperal arthritis, it runs a much more rapid course than rheumatism, however acute. The local symptoms are altogether disproportionate to the effects produced on the joint—supposing the disease to be rheumatism. Acute rheumatism hardly ever ends in suppuration ; whereas effusion of pus within the cavity of the joint is the main character of the puerperal disorder. The results are different ; for rheumatism of the joints, *per se*, never proves fatal ; whereas nearly all the cases in puerperal women terminate in death. Remedies, therefore, produce no effect in the latter diseases ; while rheumatism, in all

its forms, is amenable to treatment. Puerperal arthritis may occur after parturition, or after abortion, during the early period of pregnancy. It may, or it may not, coëxist with puerperal fever; and hence the great diversity of general symptoms observed in different cases. Sometimes the articular disease is merely one of the effects of uterine phlebitis, the general symptoms being those of purulent infection of the blood. In other cases, we have uterine phlebitis followed by puerperal fever, and complicated with purulent absorption. Here the two orders of general symptoms, viz., those of puerperal fever and those of purulent infection, co-exist. The secondary puerperal inflammations of joints have a tendency to run a very rapid course. The purulent effusion sometimes occurs within a few hours after the first symptoms of pyæmia. Several joints are attacked in succession. The cartilages are apt to suffer, being often softened, abraded or absorbed. Effusions of pus often exist around the joint, and in the centres of the muscles; and the limb is frequently affected with an œdematous swelling, which much resembles phlegmasia dolens. In the great majority of cases, the inflammation is purulent; more or less pus is effused within the cavity of the joint, and the synovial membrane is injected, though it may happen that the injection is very slight. In other cases, the purulent deposits take place outside the joints. In a few cases, the articular inflammation is non-purulent, although deposits of pus are formed in the neighboring muscles. Finally, in some cases, the inflammation of the joints is simple and slight, terminating of its own accord in a few days. The next group noticed by the author, is that connected with injuries to the genito-urinary system of the male. The secondary affections of this group are usually purulent, though often simply inflammatory. The pus deposits exist very often exterior to the joint, as often, perhaps, as in the joint itself. The course of these inflammations is irregular: in some cases they are very acute; in others, the series of attacks, though sub-acute, is spread over a long period of time. Here the pyæmia appears to be of a chronic kind; and the secondary articular affection may terminate favorably. It is remarkable that many of these diseases appear to be produced by mere irritation of the urethral membrane; but Mr. Coulson thinks that, in such cases, ulceration or phlebitis has existed in some part of the genito-urinary system, the irritation merely acting as an exciting cause of absorption of the pus. The articular disease, improperly called gonorrhœal rheumatism, is next considered; after which the author notices the well-known group connected with wounds and injuries. Inflammation of the joints connected with blood-poisoning from the introduction of certain animal poisons, is then described. Mr. Coulson connects this group with glanders, the only poison whose effects on the joints has yet been studied. The articular inflammation which appears during the course of glanders is generally purulent, though sometimes simple. Its principal character is chronicity; the blood



seems to be affected by many successive poisonings, and hence, perhaps, the reason why the articular inflammation is occasionally simple, although the primary disease is essentially purulent. The secondary joint diseases connected with smallpox might be placed in the preceding group; but, in compliance with received opinions, the author classes them under the exanthemata. These variolous inflammations are sometimes purulent; but they are commonly slight, and terminate spontaneously in a few days. Scarlatina is also attended by a peculiar inflammation of the joints, which has latterly attracted much attention, although its history is still obscure. Many physicians persist in regarding it as rheumatic; but while Mr. Coulson admits that epidemic rheumatism may coëxist with epidemic scarlatina, he believes that most of the cases which have been described as rheumatism are really secondary inflammations of the synovial membrane, of the kind described in this paper. From these considerations the author is disposed to infer that the seven groups of secondary inflammations of the joints, which he has described, may be all referred to one specific cause, viz., infection of the blood. Moreover, he attributes five out of the seven to purulent infection of the blood; while he attributes variolous and gonorrhœal inflammations to the same cause, though with a certain reserve, as not yet fully established. The circumstances of these inflammations being often simple, Mr. Coulson says, is not conclusive against their connection with blood poisoning, because the articular inflammation consequent on pyæmia is not invariably of a purulent nature.

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#### ON THE INDUCTION OF SLEEP AND ANÆSTHESIA BY COMPRESSION OF THE CAROTIDS.

BY ALEXANDER FLEMING, M.D., PROFESSOR OF MATERIA MEDICA, QUEEN'S COLLEGE, CORK.

WHILE preparing a lecture on the mode of operation of narcotic medicines, I thought of trying the effect of compressing the carotid arteries on the functions of the brain. I requested a friend to make the first experiment on my own person. He compressed the vessels at the upper part of the neck, with the effect of causing immediate deep sleep. This experiment has been frequently repeated on myself with success, and I have made several cautious but successful trials on others. It is sometimes difficult to catch the vessels accurately, but once fairly under the finger, the effect is immediate and decided.

There is felt a soft humming in the ears, a sense of tingling steals over the body, and, in a few seconds, complete unconsciousness and insensibility supervene, and continue so long as the pressure is maintained. On its removal there is confusion of thought, with return of the tingling sensation, and in a few seconds consciousness is restored. The operation pales the face slightly, but

the pulse is little, if at all, affected. In profound sleep the breathing is stertorous, but otherwise free. The inspirations are deeper. The mind dreams with much activity, and a few seconds appear as hours, from the number and rapid succession of thoughts passing through the brain. The experiments have never caused nausea, sickness, or other unpleasant symptom, except, in two or three instances, languor. The period of profound sleep, in my experiments, has seldom exceeded fifteen seconds, and never half a minute.

The best mode of operating is to place the thumb of each hand under the angle of the lower jaw, and, feeling the artery, press backward, and obstruct the circulation through it. The recumbent position is best, and the head of the patient should lie a little forward to relax the skin. There should be no pressure on the windpipe.

The internal jugular vein must be more or less compressed at the same time with the carotid artery; and it may be thought that the phenomenon is due, wholly or in part, to the obstructed return of blood from the head. I am satisfied that the compression of the artery, and not of the vein, is the cause. The effect is most decided and rapid when the arterial pulsation is distinctly controlled by the finger, and the face loses somewhat of its color; and, on the other hand, is manifestly postponed and rendered imperfect when the compression causes congestion of the countenance.

This mode of inducing anæsthesia is quick and certain. The effects diminish immediately when the arteries are relieved from pressure, and are not liable to increase, as happens sometimes from chloroform and ether, after the patient has ceased to respire the vapors. So far as my experience goes, it has shown no tendency to cause faintness; and usually, after its employment, no unpleasant feeling whatever remains.

I think it may be found useful as a remedial agent in certain headaches, tetanus, asthma, and other spasmodic diseases, and to prevent pain in such small operations as the extraction of a tooth or the opening of an abscess. Whether the compression can be continued *with safety* sufficiently long to make it available in larger operations, has to be ascertained. But, whatever be the practical value of this observation, it is at least interesting as a physiological fact, and may be the means of throwing light on the causes of ordinary, medicinal and hypnotic sleep, and of coma. Some facts encourage the supposition that the circulation of the brain is languid in ordinary slumber, and the etymology of the word carotid shows the ancient belief in the dependence of deep sleep on some interference with the passage of the blood through these vessels; and it is not an unreasonable conjecture, that hypnotic sleep may be sometimes caused or promoted by the contracted muscles and constrained position of the neck compressing the carotid arteries, and diminishing the supply of blood to, and pressure on, the brain.

—*British and For. Med. Review*, in *Charleston Med. Jour.*



**Hospital Reports.****MASSACHUSETTS GENERAL HOSPITAL.**

*Hysteria, with abdominal Tumor, disappearing after antispasmodic Treatment.* (Under the care of Dr. STORER. Reported by Mr. J. C. WHITE, Medical House Pupil.) Patient, a girl of 14 years, entered Massachusetts General Hospital May 24th, under care of Dr. Shattuck. Muscular and cellular tissues well developed. Countenance full, of good color, and expressive of no disease or suffering. A tumor was felt on median line of abdomen, extending from epigastrium to within an inch or two of umbilicus, soft, uniform, movable, apparently not in abdominal walls. Reported by patient as varying in size till within three weeks, since which time it has been stationary. Dull on percussion, and very prominent to eye. Thinks tumor commenced just to left of umbilicus, about a year ago, but within last eight months it has increased much. She was examined, both before and after entering the Hospital, by many physicians, and as many opinions were expressed as to its probable character. Says she formerly laced very tightly. Tongue reddish; bad taste in mouth; anorexia; digestion difficult; habitual constipation. *Has never menstruated.*

25th.—Three dejections yesterday, the last with blood; one this morning natural. Complains of (dizzy) headache. Yesterday, P.M., had a severe attack of abdominal pain, lasting an hour, during which the tumor became tense and resonant, except over its right upper portion. Farinaceous diet.

26th.—Three months ago, first noticed three or four lumps of the size of a bullet, in left mamma, in which she has occasional shooting pains, extending to shoulder. Headache. Slight abdominal pain in the afternoon of yesterday.

30th.—Sharp pain yesterday in hypogastrium, with globus hystericus. One paroxysm so severe that she fell out of bed, during the muscular contortions it occasioned. Now in bed. Distance longitudinally from umbilicus to xyphoid cartilage, 7 inches. Swelling rather more prominent than at last report. Parietes of abdomen can be raised above it. Two dark, consistent dejections. R. Spt. eth. sulph. c. ℥j. ; essent. uvæ ursi, ℥ss. 2 t. d. Chloroform to tumor if necessary.

31st.—Severe pain yesterday in afternoon; not relieved by application of chloroform. Under care of Dr. Storer after this date.

June 1st.—As yesterday. R. Tr. valerian, tr. humuli, tr. assafœt., aa gtt. xx. ; aqua, ℥ss. M. Every four hours.

2d.—*Enlargement in abdomen subsided* yesterday, after second administration of remedy, and is now absent.

5th.—In bed. Speaks of distension in epigastric region. Some puffiness of face. Tumefaction previously noticed returned in a degree. Bowels constipated. R. Pil. aloes et myr., gr. x. ; pulv. assafœtidæ, gr. ij. M.

6th.—Again relieved from enlargement. Catamenia now present for first time.

Patient continued to improve, without return of the tumor or farther abdominal pain, up to 9th, when she was discharged by request. Expressed herself as feeling better than at any time for a year past.

*Ascites and Anasarca ; Death ; Autopsy ; Peculiar Disease of the Liver.* (Under the care of Dr. STORER. Reported by Mr. J. C. WHITE, Med. House Pupil.) June 23d.—Patient, a clerk, from Sweden, has been 18 years

in this country, living in Boston and St. Johns. Was in Hospital four years ago for scrofulous disease of knee. Since then, has been feeble and has done but little work. The next year noticed slight swelling of legs, which soon subsided. During past year has had excessive thirst, with sensation of internal heat, attended with great excretion of urine—not so much of late. Twelve weeks ago, swelling of lower extremities commenced, extending to scrotum and abdomen. Within a short time, pain in lumbar regions noticed. Previous habits, temperate.

Considerable emaciation; abdomen very tense; fluctuation very evident. Circumference, just above umbilicus, 31 inches. Tenderness on pressure just below the border of right ribs, where a firm, resisting body is distinctly felt. Scrotum considerably swollen. Great anasarca of lower extremities. Dyspnœa considerable. Amount of urine passed during day, about one quart. Pulse 90.

Analysis of urine by Dr. Bacon. "Morning urine acid. D. 1.009. A small deposit of casts of the tubuli of the kidney and epithelial cells. No oil globules seen under the microscope. The albumen obtained from 1.000 grains of the urine weighs 5.60 grains, equivalent to 56-100 of 1 per cent."

June 28th.—After free catharsis, following administration of elaterium, abdomen considerably diminished. Complains of prostration. Wine whey, *pro re nata*.

29th.—Diarrhœa yesterday morning, checked by tannin, gr. ij. Rejected dinner.

30th.—Notable diminution of abdomen; now, upon examination, a firm resisting body is perceived extending from right hypochondrium down to a line with umbilicus, and forward to linea alba. Less tenderness complained of on pressure. Four loose dejections. R. Tannin, gr. ij. ev. three hours.

July 2d.—Somewhat delirious during night. Apparently unconscious since yesterday morning. Now answers no questions. Temperature of skin natural. Pulse 100. Urine drawn by catheter while moribund; "acid; D. 1.00S. A very small deposit of epithelial cells. No casts of the tubuli found. The albumen was not determined quantitatively, but the proportion was evidently less than in the specimen examined on June 26th."—(Dr. BACON.)

Continued comatose up to 6 o'clock, P.M., 3d inst., when he died.

*Extracts from report of Autopsy by Dr. C. Ellis, 16 hours after death.*

*Brain, lungs and heart* not remarkable.

*Liver*.—Weight  $7\frac{3}{4}$  lbs. One foot in length. Right lobe 11, left 8 inches, in breadth. Color, externally, yellow. Upon the surface were numerous shallow depressions or cicatrices several lines in diameter, the tissue at base of which was dense, of a bluish white color and extended for a short distance into substance of organ. Some shreds of lymph on posterior surface. The cut surface was rough to the feel, and substance when torn decidedly granular. The organ was very firm, and presented everywhere the same structure, viz., a homogeneous, semi-translucent, bluish-white, or very light-red substance, looking like very firm colloid, and cutting smoothly. Scattered about irregularly in this were numerous, light-yellow, opaque portions about a line in diameter, looking like the lobules of the liver. Under the microscope, the yellow portions were distinguished from the others by the quantity of yellow coloring-matter which they contained. All parts looked as if composed of cells, and many of the latter were seen floating about. Some of these were evidently those of the liver filled with granular matter, which entirely obscured their nuclei. A few hepatic cells were seen, in



which the nuclei were still visible. There was hardly any fibrous structure, and very little, if any, fat.

*Spleen*.—Weight 1 lb. 5½ oz. ; 7 inches long, 4 broad ; covered with a thick, dense, false membrane, by means of which it was connected to all of the surrounding parts. Substance of dark-red color, and more firm than usual.

*Kidneys*.—Right weighed 10 oz. ; left, 10½ oz. Each measured 6 inches in length and 3 in breadth. Capsule removed with ease. Externally quite smooth, with exception of a few shallow depressions. Surface of pale yellow or yellowish-white color, with some arborescent vessels scattered about. Cortical substance of same color throughout. Cones somewhat broader at their bases than usual. On microscopic examination the tubuli in both cortical and tubular portions had lost their lining of epithelium, and had a more irregular, broken appearance than usual. The epithelium cells were small and granular. No fat. In the vesiculæ seminales was found a yellow substance, closely resembling the soft part of a cream-cake. In this were numerous spermatozoa, and many round corpuscles, with a somewhat granular aspect, to which no name was given.

Other organs normal.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

APRIL 9th, 1855.—*Poisoning by Laudanum ; amount taken, half an ounce ; intent, suicidal*. Reported by Dr. G. H. LYMAN.—Dr. L. was called at 11½ o'clock, P.M., March 29th, to see J. K., aged 35, very robust and healthy. A few minutes past 11, he had taken half an ounce of laudanum, with suicidal intent ; he had been drinking more or less for two or three days, but not to excess. At 10 minutes before 12, Dr. L. found him in bed, perfectly sensible, rather excited, pupils natural and sensitive to light, hearing not affected, pulse 100 ; administered a tablespoonful of mustard in half a tumbler of water, and sent for zinc—obliged him to rise and dress. At 12, he began to be very drowsy, and complained much of cold and rigors ; administered sulphate of zinc, ℥j. At 12 and 7 minutes, he vomited a pint of fluid of the consistence of gruel, having the odor of laudanum and mustard. Drowsiness much increased. At 12.12, gave 15 grains more of zinc. At 12.30, sent him to walk in the open air for 15 or 20 minutes, which aroused him ; pulse, when he returned, 130 ; expressed himself as perfectly well, but in five minutes fell asleep ! Easily aroused, but the sopor increasing, sent him round the Common (distance about 1 mile) in charge of his brother and assistants. Having nearly completed the circuit of the Common, Dr. L. met him at his (Dr. L.'s) house, a few minutes past 1, A.M., March 30th. He said he was "all right," looked like a man slightly intoxicated—had fallen asleep twice while walking, pulse 120, a good deal of conjunctival injection, pupils natural and sensitive to light. In a few minutes began to nod and complain of muscular debility and cold ; begged hard to be allowed to sleep, could with difficulty stand alone ; sent him round the Common again. Saw him at his own home shortly before 2 ; he was nodding incessantly, unless talked to. Allowed a stream of Cochituate water to play on his head for a few minutes, and then sent him out again, with directions to be kept moving. At 3, he had violent retching and

straining, probably owing to the second dose of zinc, given three hours previously ; nothing thrown off. At 5, he took a cup of very strong pure coffee, and was allowed to go to bed, and at the end of an hour, finding that he was easily aroused, he was left to himself.

9 o'clock, A.M., comfortable ; no action of bladder ; some dryness of fauces ; eyes still injected ; gave a cathartic.

March 31st.—About his business.

Dr. Lyman remarked that in the paper read by the Secretary in 1854 (Records, Vol. II., page 107; *American Journal of Medical Sciences*, October, 1854) two cases are given from the Society's records, in which the dose was half an ounce of laudanum ; both recovering ; and others, in which  $3\frac{1}{2}$ , 8 and 10 grains of opium, or 87, 200 and 250 drops of laudanum, respectively, proved fatal. The minimum fatal dose has been stated at 4 grains of opium, or 100 drops of laudanum ; and, on the other hand, several cases have been reported here in which one ounce of laudanum was taken with impunity ; and one of two ounces, one of *ninety* grains, and one of *one hundred and twenty* grains, all of which recovered.

Dr. L. added, that the smallest amount causing death, in an adult, in cases stated to this Society, was one ounce of the tincture. There have been two fatal cases from ingestion of this quantity, and one of which he had reported. Estimating a drachm at 120 drops, and 25 drops as equivalent to one grain of opium, the amount taken in this case would be 480 drops, or 19  $\frac{1}{5}$  grains. Though the symptoms were at no time very alarming, and in fact the dose much less than generally taken by suicides, Dr. L. thought it proper to report it, the Society having already a large number of cases recorded.

Dr. BLAKE related the following case :—

*Over-dose of Laudanum ; Special Symptoms ; Treatment by Emesis.*—On Friday, March 16th, at 10 o'clock, A.M., Miss B., æt., perhaps, 60 years, swallowed a large-sized table-spoonful of laudanum handed her by an Irish domestic (who had been particularly cautioned against mistake), instead of the same quantity of mist. ferri comp., which was in a vial of corresponding size ; the former having been prescribed by her physician to be used, locally, with poultices for carbuncle, with which the patient was suffering, and the iron as remedial of debility, which her aspect strongly indicated. The error being at once discovered, a dose of ipecac. was speedily procured, and taken, with the effect of causing her to vomit immediately, as was stated—the rejected contents of the stomach having neither the odor nor color of laudanum. In the absence of her physician, Dr. B. was called. His attendance extended through two and a half hours (making about three hours from the time of the imbibition of the draught), during which period she had, in divided doses, a drachm of sulphate of zinc, with large draughts of warm water. The stomach responded readily, and free emesis followed the first portion taken, the vomited matter being tinged, as was supposed, by the laudanum. Vomiting was induced at intervals during the space of time mentioned, with the view to guard against narcotism, but from first to last there was no indication of *drowsiness* even, the patient saying, however, that she “felt as if she *could* go to sleep.” Dr. B. did not see her again, but was subsequently informed that she slept none during the day, and had a wakeful night. There was every reason to suppose that the laudanum in this case was of *proper* strength, so far as appearance, odor and taste, and the character of the druggist furnishing it, could be taken as an indication.



Dr. HODGES gave the following account of a case where laudanum was taken with suicidal intent. The patient was a girl 15 years of age. Dr. H. saw her at 9 o'clock, A.M., the first symptoms having manifested themselves about 6 o'clock, A.M. There was spontaneous vomiting, and the ejected matters gave off the odor of laudanum. There was nearly complete narcotism; the pulse slow; skin livid; there were rigors; the patient was aroused with great difficulty. The amount reported to have been swallowed was one ounce, and which there was every reason to believe was taken on going to bed the night before. Attention was required throughout the day; emetics, coffee, &c., were employed. She went to bed early in the evening, slept all night without interruption, and awoke the next morning as well as ever. The laudanum was probably of good quality, as it was obtained of a reliable druggist.

Dr. STORER referred to the well-known fact of variation of strength in the laudanum dispensed by druggists. This tends to diminish the value of statistics in regard to the effects of this tincture. Apothecaries are not always to blame in this matter; they suppose that the preparation which they offer for sale is good.

Dr. Lyman said that the laudanum used in the case just reported by him, was pronounced to be of the best quality by a competent apothecary.

Dr. BIGELOW, Sen., remarked that he believed the usual estimate of the action of opium on the system, when administered by injection into the rectum, was insufficient; he thinks that it will act more than half as powerfully by enema as by the mouth. Dr. B. has one patient, a lady over 50 years old, who takes two ounces of the best laudanum, daily. She continues in very fair health, goes out, and visits freely. He coincided with Dr. Storer as to the fact of variation in the strength of laudanum. In a case of colic, he once observed that half an ounce of laudanum, in divided doses, produced no effect whatever. He had twice known an ounce of laudanum taken with suicidal intent, and no effect produced.

Certain apothecaries are in the habit of keeping two kinds of laudanum on hand; one being of far inferior strength to the other—the stronger tincture is usually dispensed by them in answer to the order or prescription of physicians; the weaker, when called for without such prescription. Dr. B. thought this practice very objectionable; only the preparation authorized by the Pharmacopœia should be dispensed. Other medicines are impaired in their remedial powers by adulterations and dilutions, as is well known. Substitution of one article for another, in medicinal preparations, is not uncommon; thus *antimony* is added to *wine of ipecac.*, and *syrup of poppies* derives an intenser anodyne power from being prepared with *morphine*.

Dr. J. B. S. JACKSON condemned all these practices. If a diluted tincture of opium be furnished to the physician, much valuable time will certainly be lost in the treatment of critical cases. Druggists should refuse opium and its preparations to persons suspected of suicidal intent.

Dr. ABBOT remarked (referring to the syrup of poppies alluded to by Dr. Bigelow), that Wood & Bache, in a late edition of their Dispensatory, recommend that syrup be made with morphine. [In the last edition of the United States Dispensatory (1854), the authors continue the recommendation above mentioned, and in these words—"Its (*syrup of poppies*) place might, with great propriety, be supplied by a syrup prepared from one of the salts of morphia, which would keep well, and have the advantage of uniform strength. Four grains of the sulphate of morphia dissolved in

a pint of syrup, would afford a preparation at least equal to the average strength of the syrup of poppies, and much more certain in its operation."—(*Op. cit.*, p. 1208.) The latter clause of the above quotation may certainly be very true, but the illustrations occasionally afforded are by no means desirable. In the "Association Medical Journal," Jan. 26th, 1855, is the report of the death of a child, 15 months old, from the administration of *so-called* syrup of poppies. The case is, to all appearance, well authenticated. The quantity of opium taken, it is stated, could not have been more than one-eighth of a grain (3j. of the syrup was given), "unless the syrup were prepared from tincture or infusion of opium."—(Or from morphine?) When using *any* medicine, but especially any narcotic, is it not safest to call things by their right names? It may be said that more effect is often needed than can be obtained from so mild a preparation as *true* syrup of poppies usually is. Very possibly, but *then*, use more powerful means; not, at all events, unwittingly. Especially is caution requisite in the youthful patients to whom the above syrup is, almost exclusively, administered. In cough mixtures, if morphia form the basis of the syrup of *poppies*, it is not difficult to imagine the possibility of a fatal amount being taken, in the small, but frequently repeated, doses required.—SECRETARY.]

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 2, 1855.

### TRIBUTE OF RESPECT TO DR. JOHN WARE, BY THE PROFESSION.—ACKNOWLEDGMENTS FROM PATIENTS TO PHYSICIANS.

As was mentioned in our last number, a preliminary meeting of several of the physicians of this city was held at the house of Dr. M. S. Perry, for the purpose of considering the best method of testifying the respect of the Profession for Dr. John Ware, and of welcoming him, at his return from Europe.

Doctors Perry, Gould, Lyman, Williams, E. H. Clarke, Buckingham, Alley and Hodges were present, and Drs. Lyman, Buckingham and Alley were appointed a Committee of Arrangements.

We can testify, from personal knowledge, to the zeal with which the propositions decided upon by the Committee were carried out by them; and the correspondence which we have published, demonstrates in the most gratifying manner both the high estimation in which the invited guest of the Profession is held, and his own thorough appreciation of the attention shown to him, while obliged, on account of his health, to decline the invitation so cordially extended.

While upon this subject, we are induced to add the expression of our most hearty approval of the bestowal of various gratifying attentions upon long-trying, faithful, and in some instances, poorly-compensated, physicians; and this, not by their professional brethren alone (from whom, indeed, such a recognition of worth is truly grateful), but from the public, or at least from that portion of it more peculiarly indebted, in individual cases.

In Europe, this is not an uncommon occurrence. We happen to know of several such kindly and honorable demonstrations, and in one or two of the instances the festivities were *solidified* and garnished by valuable gifts to the medical friend and adviser of many years. Such things are alike



creditable and delightful. We wish it could be said of our own country—but we regret to acknowledge our entire ignorance of any such act on the part of a number of grateful patients towards their physician. While clergymen are often “agreeably surprised” by substantial and very acceptable tokens of remembrance from their parishioners, who will even make an excursion to their pastor’s summer retreat, and surround him with delicate attentions;—while lawyers and politicians are often nearly suffocated with ovations and gifts—year after year of the toiling physician’s life steals away, with the bare recognition of his invaluable services, made in answer to the formal demand of the semi-annual summons, and this, too often, with a shoulder-shrug, and the comment—“monstrous big bill!” How pleasant, by contrast, is the occasional expression of heartfelt, nay, even tearful gratitude—sometimes the only remuneration, for days of careful and anxious watching and responsibility for which *no gold can pay!* It is a pity that the public do not, more generally, enter into a right estimate of the feelings and trials of physicians, and recognize the claims which the latter have, at least to consideration, if gratitude be forgotten.

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SECRET REMEDIES, AND CERTIFICATES FROM UNPROFESSIONAL PARTIES.

IN our last number we published a communication from an esteemed correspondent, condemning the indiscriminate recommendation of empirical remedies by those whose standing in the community lends weight and authority to their opinions, while their ignorance of medical subjects renders them wholly unfit to judge of the merits of a remedial agent. An advertisement is now paraded before the public, setting forth in extravagant terms the valuable properties of a secret medicine called “Peruvian Syrup,” whose efficacy in “cases of incipient diseases of the lungs and bronchial passages, dyspepsia, liver complaint, dropsy, neuralgia, &c.,” is attested by several of the most eminent citizens of Boston. The high standing of these gentlemen is evidence that they are actuated by no selfish motives, but we lament that they should lend their names to a speculation of this nature. One of the most eminent living medical writers in England has said, “there can be few better tests of a sound understanding, than the right estimation of medical evidence; so various are the complexities it presents, so numerous the sources of error. \* \* \* Look at what is necessary in strict reason to attest the action and value of a new remedy or method of treatment. The identity or exact relation of the cases in which it is employed; a right estimate of the habits and temperament, moral as well as physical, of the subjects of experiment; allowance for the many modifications depending on dose, combination, quality of the medicine and time of use; due observation of the indirect or secondary, as well as direct effects; and such observation applied, not to one organ or function alone, but to the many which constitute the material of life. All these things, and yet more, are essential to the completeness of the testimony.”\* And yet this medicine is offered to the public on the testimony of those whose professions, habits and pursuits, afford them no facilities for solving so complicated and difficult a question. The very number and variety of the complaints it professes to benefit, ought to convince its endorsers that a remedy of such extraordinary virtues could not exist without being daily used by physicians who would be thankful to avail themselves of it, were the half that is told of it true. It *has* been tried by intelligent physicians,

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\* Chapters on Mental Physiology, by Sir Henry Holland, M.D., F.R.S., &c.

and for one case of benefit resulting from it, they can point to half-a-dozen not benefited, or positively injured. The same may be said of a remedy which has of late been puffed and advertised into extensive use—the so-called “Russia Salve.” This is a stimulating ointment, closely resembling, if not identical with the basilicon ointment (resin cerate), of the Pharmacopœia. When applied to an incised wound, or healthy granulating surface, its effect is to arrest the healing process, by establishing suppuration. Again and again we have witnessed this effect from its employment, and as there is so strong a tendency among the ignorant to employ some “healing” application to a cut surface, which only requires protection from foreign agencies to allow the natural healthy process to be accomplished, the so-called “remedy” is often productive of much harm. We appeal to the good sense of the community to withhold the public expression of their approbation of secret remedies, at least until they are assured by competent authority that they are innocent in their action.

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#### PROF. AGASSIZ'S GREAT WORK.

WE are gratified in being able to state that the subscription to Professor Agassiz's work, “Contributions to the Natural History of the United States,” increases daily. Four hundred and fifty names were required as a guaranty, before the work could be commenced; but nearly five hundred have been obtained, and it is hoped to raise the number to one thousand. The number of subscribers in Boston and its vicinity alone, exceeds the whole number obtained in Europe during twenty years, to the Professor's celebrated work on *Poissons fossiles*.

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#### MASSACHUSETTS GENERAL HOSPITAL.

*Operations performed during the fortnight ending July 22.*

By Dr. TOWNSEND.—Operation for strangulated hernia; for hare-lip; amputation of great toe; subcutaneous puncture of psoas abscess; fistula in ano.

By Dr. WARREN.—Brainard's operation; operation for hernia; rhinoplasty.

By Dr. CABOT.—Tenotomy; operation for vesico-vaginal fistula; operation for necrosis of inferior maxilla.

By Dr. GEO. H. GAY.—Paracentesis abdominis for ascites; tenotomy, for varus of both feet.

By Dr. H. J. BIGELOW.—Rhinoplasty.

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*Cod-liver Oil with Quina.*—Mr. Bastick gives the following account of his mode of preparing this medicine:—The oleum morrhue cum quina is simply a perfect solution of quinine in cod-liver oil. The quantity of quinine may be varied according to the wish of the prescriber, although it is generally employed in the proportion of two grains to each ounce of the oil. This preparation is best made in the following manner: The requisite quantity of disulphate of quinine is dissolved in distilled water, with the aid of a little dilute sulphuric acid. The quinine is precipitated from its solution by means of an alkaline carbonate; the precipitate is treated with boiling alcohol; the resulting alcoholic solution, after being filtered, is evaporated to dryness. The residue, which is pure quinine, is then added to the cod-liver oil, and the mixture is heated in a water-bath until solution is completely effected, which is known by the oil becoming perfectly transparent.—*London Lancet*.



*Collodion in Hydrocele.*—Dr. Malik has published a case, in which a child was born with hydrocele of the left tunica vaginalis. Diuretics and local frictions were tried without success. Compression, by means of adhesive plaster, was resorted to, but irritation of the skin was produced without any diminution of the tumor. It was resolved to try collodion. The repeated application of this substance appeared to cause considerable pain; the child cried a deal, and slept ill; but there was no fever, or functional disturbance induced. In a few days notable diminution of the tumor was observed, and the application of the collodion was continued. The child gradually became habituated to the constriction occasioned by the collodion, and was not much annoyed by it. At the end of a month, the little patient was completely cured, no trace of a hydrocele remaining.—*Prag. Viertel-jahrsch. Bd. 33.*

*Nitrate of Silver for the Cure of Prolapsus Ani.*—Mr. Lloyd treats prolapsus ani by smearing the whole surface of the protruded bowel with solid caustic, and then returning the bowel. The application is repeated once in a week or fortnight, as may be requisite. Mr. Lloyd states that he rarely found it necessary to employ it more than three or four times; and further, that although the plan had been one invariable resort with him, for a long series of years, that he had never known any untoward consequences to result. In cases in which the protruded bowel has become swollen, and is difficult of reduction, the effect of the caustic is surprising. In one such case, the mass could be easily seen to diminish in size under its influence. Mr. Lloyd does not limit the use of this remedy solely to prolapsus, but adopts it also in cases of hæmorrhoidal congestion, and thickening of the mucous membrane about the verge of the anus.—*Med. Times and Gaz.*

*Phosphate of Lime.*—Dr. Kuchenmeister recommends the following formula in cases in which phosphate of lime is indicated:—Calcis phosphat., ʒij.; Calcis carbon. ʒj.; Sacch. lactis, ʒiij.; M. ʒss. bis terve in die. Instead of the milk sugar, lactate of iron may be substituted, if iron be required. The especial use of the carbonate of lime appears to be that carbonic acid is liberated by the acid of the stomach, and dissolves the phosphate. Lactic acid also is formed from the sugar, or is set free from the lactate of iron, and dissolves the phosphate. The most ready way of absorption is, however, when the phosphate is given with food, especially with milk, with which it forms a soluble combination.—*Schmidt's Jahrb.*

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MARRIED,—At Newton, on the 19th ult., J. N. Smith, M.D., of North Brookfield, to Miss Julia Collins, of Newton.—At Seabrook, N. H., on the 25th ult., O. F. Swasey, M.D., late of Essex, Mass., to Miss Mary Philbrick, of S.

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DIED,—In Tolland, Conn., 13th ult., Abijah Ladd, M.D., 67.

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*Deaths in Boston* for the week ending Saturday noon, July 28th, 85. Males, 43—females, 42. Accidents, 4—apoplexy, 1—inflammation of the brain, 1—congestion the brain, 1—consumption, 3—convulsions, 4—cholera infantum, 24—cholera morbus, 2—caries, 1—dysentery, 4—dropsy, 2—dropsy in the head, 4—drowned, 1—debility, 2—epilepsy. 1—infantile diseases, 6—scarlet fever, 1—disease of the kidneys, 1—hooping cough, 1—disease of the heart, 2—hæmorrhage of the lungs, 1—congestion of the lungs, 1—marasmus, 2—palsy, 1—smallpox, 1—sunstroke, 1—teething, 6—thrush, 1.

Under 5 years, 56—between 5 and 20 years, 1—between 20 and 40 years, 17—between 40 and 60 years, 5—above 60 years, 6. Born in the United States, 67—Ireland, 16—Germany, 1—England, 1.

*Pencils of diluted Lunar Caustic.*—At the Samaritan Hospital, Mr. Spencer Wells has introduced the use of nitrate of silver in the solid form, diluted by a mixture of one, two, or three parts of nitrate of potass. The salts are melted together, poured into moulds, and allowed to cool. Those used by Mr. Wells are prepared by Mr. Bastick, chemist, of Brook street. They have certain advantages in practical application over solutions of the same strength. When applied to the conjunctiva of the eyelid, for instance, it is not easy to prevent a solution from extending much farther than necessary, or even from affecting the conjunctiva of the bulb or cornea. On the other hand, an undiluted stick of nitrate of silver acts too powerfully on the mucous membrane. By using the stick diluted with varying proportions of nitrate of potass, the required activity can be obtained, and the effect limited to the exact seat of morbid action. When the conjunctiva of the lid is alone affected, and it is desirable to avoid the action of caustic on the conjunctiva of the bulb, Mr. Wells is accustomed to wash the lid, after applying the caustic and before the eye is closed, first with a solution of common salt, which converts the unchanged nitrate into a chloride of silver, and then with pure water. In this manner all the good effects of caustic may be obtained without any of its inconveniences or evil consequences, and may be limited to any desired spot. In gonorrhœal affections of the urethra and vagina, and in various indolent or irritable sores, the same mode of applying the caustic becomes useful. The saving of expense is also worthy of some attention in charitable institutions and union practice.—*Med. Times and Gaz.* January 6, 1855.

*Gallic Acid in Pyrosis.*—Dr. Bayes says that, in pyrosis, where this disease is unaccompanied by extensive ulceration, or organic malignant disease of the stomach, or by disease of the liver, the most marked benefit will follow the use of the remedy. Gallic acid here not only checks the secretion with a certainty and rapidity he has never seen follow the administration of any other remedy, but it gives general tone to the stomach, increases the appetite, and (what I very little expected when I first used it) in many cases removes constipation. This I can only account for on the supposition that the relaxed atonic state of the stomach which favors pyrosis is continued throughout the alimentary canal, the constipation in these cases arising from want of power in the muscular coats of the intestines to expel the fæces. The want of tonicity is remedied by gallic acid.—*Ass. Med. Journ.*

*Pomade of Proto-Sulphate of Iron in the Treatment of Skin Diseases.*—M. Devergie recommends the use of this remedy in those affections of the skin which in their essence are secreting, and which generally occur in lymphatic temperaments and constitutions, observing that its curative results are especially decided in eczema and eczema impetiginodes. Similar success attends their use in impetigo and intertrigo; and in eczema of the scrotum, often an obstinate affection, he had met with remarkable success from this application. It is a useful application, also, to the ulcerations which succeed to the vesicles or pustules of rupia and ecthyma cachecticum. It is useless in the scaly affections, and absolutely injurious in the bullæ, and in those essentially vascular, as pemphigus and herpes with large vesicles. It is also injurious in acute ecthyma, acne rosacea, and mentagra. In addition to being resolvent, M. Devergie considers that it modifies the vitality of the diseased tissues, a property which does not belong to tannin, oxide of zinc, calamine or alum. The following is the formula employed. Axunge 30 grammes (seven and a half drachms); proto-sulphate of iron crystallized and washed, 50 centigrammes to 1 gramme (eight to fifteen grains); dissolve the salt in a few drops of water, and incorporate it immediately with the axunge. Keep it from contact with the air.—*Bulletin Gen. de Therap.*, 1854, p. 553

*Industrial Museum, Edinburgh.*—The office of Director of the Chemical Department of the Industrial Museum, Edinburgh, has been conferred by Government on Dr. George Wilson—an appointment which has given much satisfaction, and which, while securing that the interests of science will be attended to, also furnishes a guarantee that popular utility will be duly cared for.—*Edin. Journal of Med.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## BIOGRAPHICAL SKETCH OF THE LATE STEPH. W. WILLIAMS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

DR. WILLIAMS was the second son of Dr. William S. Williams, of Deerfield, and a lineal descendant of Rev. John Williams, first minister in that ancient town. This family has long been distinguished for its eminent physicians, and the subject of this notice early manifested a predilection for medicine. At the age of 16, he had read Rush's *Enquiries*, 5 vols., Darwin's *Zoonomia*, Thornton's *Medical Extracts*, 5 vols., &c. ; and two years later he commenced his pupilage under the direction of his father. He also, at this early period, acquired the habit of writing, which he never relinquished. His first medical publication was an account of the remarkable suicides of the brothers Clap, which were published by Rush in his *Diseases of the Mind*, and subsequently quoted by Esquirol in his celebrated work on *Insanity*. In the winter 1812-13 he attended a term of lectures by Post, Hosack, Mott and others, in Columbia College, and receiving his diploma, was immediately associated with his father in practice in his native town, where he continued, with such interruptions only as were allotted to public teaching, until the year 1853. His abilities began at once to be appreciated, and in 1815 he was elected a member of the State Medical Society of Vermont, which body he often addressed ; also, a member of the Physico-Medical Society of New York. An extended notice of the climate and diseases peculiar to Deerfield was published in the *Journal* of this association, and re-published in several medical journals.

In 1816 he prepared a volume upon the indigenous plants of his immediate vicinity, and subsequently he wrote numerous papers upon the medicinal properties of plants, which were published in the periodicals of the day. A dissertation upon the same subject, of sixty-three pages, recently appeared in the *Transactions* of the American Medical Association, from his pen. In 1817 a *Traditionary and Historical Sketch* of the aboriginal people of this country, was read before the New York Historical Society, and published in its *Journal*. For this valuable paper he was elected an honorary member of this learned body. It subsequently at-

tracted the notice of the Royal Society of Antiquarians, Copenhagen, and this distinguished body also conferred upon him the honor of membership. In this year he became a member of the Massachusetts Medical Society, a relation he maintained until his death. He was a true and ardent friend of this venerable institution, a Councillor thirty years, and its anniversary orator in 1842, his subject being the Medical History of Franklin County. The last words he ever penned expressed his sympathy for its welfare. He became an honorary member of the Connecticut State Medical Society in 1839, and of the Hopkins Medical Society, Hartford, in the same year; a corresponding member of the National Institute, Washington; of the New England Historic Genealogical Society, and a delegate from the Massachusetts Medical Society to the American Medical Association in 1852; and in the succeeding year, an honorary member of the State Medical Society, Wisconsin. He received the honorary degree of Doctor of Medicine from Williams College in 1824, and that of Master of Arts in 1829.

In the character of public teacher, Dr. Williams acquired an honorable reputation. In 1823 he was elected to the Professorship of Medical Jurisprudence in the Berkshire Medical Institution, the duties of which he discharged during a period of eight years. In 1838, he delivered a course of lectures upon the same subject in the College of Physicians and Surgeons, New York, supplying the chair vacated by the sickness of Prof. Beck. In this year he was appointed a lecturer upon Medical Botany and Jurisprudence in Dartmouth College, and Professor of Materia Medica, Pharmacy and Medical Jurisprudence in Willoughby University, which appointments he resigned at the expiration of two years. In the discharge of these public duties, he delivered over four hundred lectures, which were all written out in full.

As an author he produced several valuable works. The dominant trait of his character was untiring industry, which impelled him to the acquisition and compilation of facts. He prepared for the press an edition of Tissot on Health, with extensive notes, which, however, was never published. He published notes to Bedingfield's Compendium of Medical Practice, and in 1834 a small volume of Medical Jurisprudence, designed as an elementary work on this science. Subsequently a more complete work was prepared, but not published. In 1847 he published a memoir of his ancestor, Rev. John Williams, who with his family was taken at the sacking of Deerfield by the French in 1704, and carried, after incredible hardships, into Canada, and there held in long captivity. The work contains an account of the Indian wars of that period, and has passed into its third edition. In 1844, he published a large octavo volume, with many portraits, on American Medical Biography, which must forever connect his name with American literature. In 1847 he published his final work, on the Genealogy and History of his race, with numerous portraits. In addition to these more substantial works, he has published upwards



of seventy-five occasional papers in the medical and philosophical journals, from three to forty pages each. The pages of this Journal have been enriched by his contributions, throughout its entire course. His studies and writings were pursued with so much method and industry, that he accumulated a large number of folio volumes of unpublished manuscripts. His reading was very extensive, and he possessed a large and valuable library of books, journals and manuscripts. From his first entrance into public life he maintained a correspondence with men of eminence and learning in this country and in Europe.

In his habits, Dr. Williams was simple and unostentatious; in his professional relations, he was punctilious to a fault, affable to his juniors and confiding to his equals. He was superior to the petty jealousies that are so often fatal to honorable competition, and he regarded pretension with unqualified disgust, wherever it might appear. The miserable delusions of the day found no response in his well-informed mind. It was the governing rule of his life, to dignify the profession of medicine, to rescue it from the grasp of impostors, and to raise it to the highest standard of honor and usefulness. He labored diligently in the formation of the Franklin branch of the Massachusetts Medical Society, and in the future advancement of its interests. He was ever punctual at its meetings, imparting instruction by his voice, and dignity by his presence. In consideration of his services, and his character as a gentleman and physician, his colleagues presented him with a valuable testimonial, on the occasion of his dissolving his connection with them in 1853. During a long professional life he enjoyed the confidence of his professional brethren and of the community, and his consultation practice was very extensive. In the early period of his career he acquired the reputation of a skilful surgeon, but at a later day he declined operative surgery altogether. He was habitually subject to angina of the chest, which was often of a threatening character, and to a certain degree disqualified him for that mental excitement which is so often the attendant upon the undertaking of capital operations. He was an exemplary christian, the ardent friend of education, and in all the relations of life, whether professional or social, his heart ever responded to the impulses of truth and honor and generous sympathy. As a speaker he was not fluent, and his manners were restrained by a natural diffidence which he never overcame.

In the autumn of 1853 Dr. Williams exchanged the home of his ancestors and the scenes of his laborious life, which he was never permitted to see again, for one in the far-off regions of the West. This separation from the associations of a life time was to him the severest of trials, but, in his new connections, his activity and his own resources, and the love of his family, rendered the brief period he was to live, one of pleasure and usefulness. His last closing hours were tranquil, and the circumstances of his sickness and death are so touchingly described by Mrs. Huntington, in a letter

conveying the intelligence of this event, that I am sure his friends will thank me for subjoining it to these brief and inadequate remarks of my own.

JAMES DEANE.

"You have probably, before this, received the sad intelligence of the death of my father, but I thought, knowing him so intimately as you have, it might be gratifying to learn something more of his sickness than you can from the public papers. We have thought him rather more feeble than usual all summer, but he has been able to visit patients until a week before his death. I think he has never seemed happier, or enjoyed the rides in this beautiful country so much.

"He was attacked with a rheumatic affection in his right hand and arm, which gave him much pain and prevented his writing, but he kept about the house until Monday, the 2d, when he seemed to be generally affected, and could not move without assistance. Tuesday morning, he dictated some letters which I wrote for him, and, soon after, receiving intelligence of the death of his brother at Athol, he said he should soon follow him.

"There seemed but little change the two succeeding days, but he often expressed the opinion that he should not recover. Friday he appeared more comfortable, and we felt encouraged, as his feet seemed more affected than any part, and though painful, less dangerous. He was lifted into the chair, and sat several hours, reading, for the first time, the Greenfield and medical papers. He was much pleased to find a notice of the medical convention, and listened to it with great interest. On looking at his journal, the last entry I find is this—'To-day the Medical Society meets at Springfield, my heart is with them.' These were probably the last words he ever wrote, and show how much he thought of his professional brethren, though so far from them.

"He said, Friday evening, that he was growing worse, but he rested so much better that night, than for several nights, that we hoped Saturday morning he was really better. About seven in the morning he was set up in a chair, and soon complained of faintness, and was laid on the bed, when he immediately said he was dying, and took leave of us all with much calmness. Though his sufferings were great, he never seemed in the least agitated, but expressed his willingness to wait patiently, trusting in his Heavenly Father. At a quarter before 11, he was released from suffering, and it seemed as if the peace of Heaven rested on him. \* \*"

#### DIFFICULT LABOR; ASCITES AND ANASARCA OF MOTHER.

BY JAMES A. STETSON, M.D., OF QUINCY, MASS.

[Read before the Boston Society for Medical Improvement, by SAMUEL CABOT, JR., M.D., and communicated for the Boston Medical and Surgical Journal.]

Mrs. N., aged 45, rather below the medium size, the mother of eight children, has never had difficulty in any previous confinement,



and always enjoyed good health till within the last two weeks. I was requested to see her, June 18th, on account of the very great swelling of her abdomen and lower limbs, the commencement of which she had noticed about five months ago. At the present time of my visit, the abdomen was very much swollen, and so were the thighs and legs. The feet were not swollen; every other part of the body perfectly natural. Indentations with the finger can be made on the abdomen to the depth of from an inch to an inch and a half. Under the point of the finger a hard body can be felt. On examination *per vaginam*, the neck of the womb was found to be obliterated; the *labia not swollen*. She states that the menstrual function has been very irregular for the last two years, and she has not menstruated for one year. Notwithstanding the complete ascites and anasarca of the lower limbs, I told her I thought she must be pregnant. She said it could not be possible, for she had not felt any motion whatever, nor had she had any other sign of pregnancy from first to last. Until I could ascertain with certainty whether she were, or not, pregnant, I prescribed medicine with caution.

During the night of the 20th of June, I was called to see her, she being much alarmed, fearing she should suffocate on account of the extreme distension of the abdomen; the upper part of which seemed nearly to reach her breasts. She could not maintain the recumbent position. To relieve her, two punctures were made in the skin, one in each leg; and from these there flowed, during twenty-four hours, a great quantity of water, which so much relieved her that she could lie in bed with ease. On the morning of the 22d, I was summoned to her in great haste. On arrival, I found her to be in actual labor, the mouth of the womb dilated to its utmost extent, and a very large foetal head presenting, naturally. The head seemed to fill the whole cavity of the pelvis. Indentations with the finger on the scalp could be produced to the depth of a third of an inch or more. I was satisfied that the child was dropsical, and dead also, from the appearance of the vaginal discharges. After strong and repeated pains, without any advancement of the head, I resolved to lessen it immediately; fearing a rupture of the uterus, which I think would have taken place, had not prompt action been taken, as the sequel may show.

On introducing the perforator, a great quantity of water and some dark venous blood followed; at the same time the brain was broken down and discharged, but still there was no apparent diminution of the head. Her pains were sufficiently strong and expulsive. Still the head did not advance. I now introduced the crotchet, and getting a firm hold, exerted my strength to the utmost, without avail. After long and repeated efforts of this description, I finally succeeded in bringing the greater part of the head without the external parts. I now flattered myself that the child was nearly delivered. Not so, however. Its thorax was so large, and the resistance from behind so great, that I could not introduce my finger

so as to reach the neck; and the head was apparently receding. Taking hold of it with both of my hands, as near to the mother as possible, I pulled with great force, and repeated the effort several times without making the least impression.

At this stage of the proceedings one of the female attendants, probably not being accustomed to witness precisely such midwifery, became greatly alarmed, and suggested sending for my neighbor, Dr. Woodward, to assist me, as I appeared to be fatigued and nearly worn out. To this I objected, on the ground that Dr. W. was a much smaller man than myself, and not nearly so strong, and therefore could be of no service whatever in this case. While I retained my strength, it was my intention to persevere in efforts at extraction of the child.

I now took a large handkerchief, and arranging it so as to include the greater part of the child's head, tied a knot, and made forcible traction, repeatedly, without moving anything except the mother, who, after each effort, had to be drawn back to her former position on the bed. I now directed an assistant to place her hands behind upon the pelvis of the mother, and oppose my attempts at extraction of the child. In this way, after many strong efforts, one shoulder protruded, then the other, and the delivery was soon completed.

Just before the delivery, in order to insure a more prompt contraction of the uterus, I administered twenty grains of ergot, which I think had a favorable effect, as the uterus contracted well and the placenta was delivered without difficulty, although its size was enormous. I should estimate its weight at six pounds; one of the by-standers observed, that it was "as large as the child."

The patient appeared much exhausted, but exhibited great fortitude. A little brandy, containing a drachm of laudanum, was administered, she was placed in bed, and made as comfortable as possible.

*Appearance of the child.*—The head was very œdematous; there was no appearance of eyes, save a slight line to show their situation. The chest was very large; the arms and legs swelled to an extreme degree, and hard to the touch, like sticks of wood. The abdomen very protuberant, strongly resembling that of the mother before her delivery; and very hard also. Penis and scrotum perfectly natural.

About three hours after the child was withdrawn, its abdomen burst, making a rent two inches in length and an inch and a half distant from the umbilicus. An enormous quantity of water escaped from this rupture.

The recovery of the patient has been wonderful. The anasarca disappeared rapidly without any remedial measures whatever; and, on the fifteenth day, she was well.

At the meeting of the Society at which the above account was read, Dr. J. B. S. JACKSON spoke of the astonishing amount of force in the way of traction which is often borne by a parturient woman.



In the lower animals, a great degree of violence is sometimes used with impunity. Dr. J. referred, in this latter connection, to the instance of double-headed calf, formerly reported to the Society, and the difficult labor of the mother thereof. The strength of six men, brought into action by means of a lever and a rope attached to the calf, was applied in effecting the extraction of the latter. Whether quite so much was really needed, Dr. J. does not know. The bones of the calf were only very slightly broken in the process. The cow lay for eighteen days before she could get upon her feet. The owner informed Dr. J., only a few days since, that the animal had another calf (normal) last autumn.

Dr. STORER remarked that such forcible traction as we occasionally hear of might possibly do very well for the lower animals; but he had often been surprised that dismemberment of children known to be dead, is not, in similar instances of difficult extraction, more frequently practised. The mothers, it is true, may, and often do, get up well from such confinements, but the tremendous efforts at extraction made upon their bodies cannot but be injurious.

Dr. S. added that he thought the placenta in Dr. Stetson's case must have been diseased. It is hard to believe that a placenta weighing six pounds can exist; one of three pounds is very large.

Dr. CABOT thought that efforts at extraction should be made in such cases as Dr. Stetson's for as long a time as would be deemed perfectly safe to the mother by a judicious practitioner. Dismemberment is so shocking to friends or attendants, that it should be avoided if possible.

[The question of dismemberment should always be decided, it appears to us, by the condition of the mother. Violent and very long-continued efforts at extraction of a *dead* child can hardly be justified in any case; and are especially inadmissible if the mother be feeble or suffer much during such efforts. Consequences, moreover, to the parturient female, are of far greater importance than is the horror which may be caused to spectators by witnessing the necessary dismemberment. Besides, at such times, all supernumeraries should be excluded. There is no ground for hesitation under circumstances of danger; if, the child being dead, the practitioner chooses to employ his time and strength in attempts to extract its body, *and the woman can bear it*, we see no objection. The question of her capability of enduring operations of this sort, without immediate or remote injury, is, however, a very serious one, and not to be hastily decided—indeed it is difficult to understand how it *can* be definitely settled at the time of action.—W. W. M.]

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#### MORBID ADHESION OF THE PLACENTA AFTER ABORTION.

BY FRANCIS MINOT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

It is well known that in general the placenta of a young embryo is retained much longer than one belonging to a fœtus at term, and instances have occurred in which months have elapsed before it was expelled. It is also remarkable that, in these cases, the organ often remains perfectly free from decomposition, whereas the placenta of a full-grown fœtus invariably putrefies, if retained within the uterus beyond a short time. It is not easy to account for these

facts, and I am not aware that any plausible reason has been assigned by writers on obstetrics, in explanation of them. A case which recently fell under my observation, in which the placenta was retained for upwards of three months after an abortion, and on its removal found to be perfectly fresh, suggested to me that in some cases, at least, the morbid adhesion might be caused by an inflammatory process set up by the cause which produced the abortion, and which is frequently of a violent nature. The absence of putridity may be explained by the intimate union which exists between the organ and the uterus, whereby it becomes, as it were, part and parcel of the latter. Although in the majority of cases of abortion the placenta follows without difficulty soon after the ovum, yet when we reflect that so early an expulsion of the contents of the uterus is an abnormal process, and, as suggested above, often the effect of violence, or of disease, it is not to be wondered at that an inflammatory condition of the uterus should sometimes exist, sufficient to glue the placenta to its walls, especially when, as in the present instance, the uterine contractions took place some time after the infliction of the injury.

Since writing the above, I have seen in the first number of the "Edinburgh Medical Journal" an article on the Absorption of the Placenta, by M. Sabatier de Bedarieux taken from the "Union Médicale," which gives three cases of adherent placenta, where the retained mass appears to have been absorbed and eliminated from the system by expectoration. In two of the cases, abortion was preceded by violence; in the third, it occurred in a woman subject to that accident. M. Sabatier says, "in conclusion, let me remark, that in the second case adduced, the cause of the utero-placental adhesion was evidently the blow received at the fifth month of pregnancy; a separation of the placenta and hemorrhage was produced, and the blood effused between that body and the uterine walls becoming organized, gave rise to the adhesions."

*CASE.—Abortion produced by means of instruments, at the third month of pregnancy. Retention of the placenta for more than three months. Profuse hemorrhage.*

A married woman, aged about 30, being, as she supposed, in the third month of pregnancy, applied to an empirical practitioner to have an abortion procured, near the end of February, 1855. She had once before successfully undergone the operation, which, as in this instance, consisted in introducing some sharp instrument into the womb. The intended result did not take place until a fortnight afterwards, when the patient, after exposing herself to some fatigue, had labor pains, and expelled a perfectly-formed fœtus, of about the length of her finger. Her regular physician attended her, though ignorant of the cause of the abortion. The placenta was adherent, and after various ineffectual efforts to remove it he gave up the attempt for a while, in the hope that it would ultimately be thrown off by the uterine contractions. The woman had a good deal of flowing a day or two after, and passed what she sup-



posed to be the afterbirth. The physician took her word for it, and although she continued to flow profusely, made no further examination. In the meantime she began to lose strength and color, and her friends became seriously alarmed at her condition. The hemorrhage occurred at intervals in gushes, causing fainting, which continued for a long time in spite of all means that were used to revive her.

About the first of June she came under the care of Dr. J. C. Sharp, who found her flowing profusely, and in a very alarming state. He immediately made an examination, and found the os uteri widely open, and a tumor occupying the cavity of the uterus. Feeling uncertain whether he had to do with a polypus or a placenta, or possibly a large clot (the condition of the woman not allowing a minute or protracted examination), he judged it best, on account of the amount of hemorrhage, to plug the vagina, and endeavor to revive the patient. He then called Dr. Coale in consultation, and both agreed that the best plan was to postpone the removal of the tumor until the strength of the woman was somewhat improved. Just at that time Dr. Sharp was called away from town to visit a relative who was dangerously ill, and desired that I might be sent for in his place.

I first saw the patient on the evening of June 10th, and learned that the plug had been expelled on the day previous, but that no hemorrhage had taken place until just before I was called, when it returned with violence. The patient was in an alarming state. She was perfectly blanched, very restless, frequently gaping, and occasionally vomiting. The pulse was 120, thread-like. Surface of the body covered with perspiration; face anxious. The flowing still continued. On examination, after removing the coagula with which the vagina was filled, the finger entered easily into the os uteri, and detected a firm substance, closely adherent to the interior of the womb, and occupying almost its entire cavity. The finger could be carried around it. Although uncertain as to the nature of the tumor, I felt that it was undoubtedly the cause of the hemorrhage, and as I found it could be torn away, though with some difficulty, I did not hesitate to remove the greater part of it with my finger, when the exhausted condition of the woman compelled me to desist. The mass removed was of the size of a horse-chestnut. The vagina was then plugged with a sponge dipped in vinegar, and the flowing ceased. Two drachms of the saturated tincture of ergot (equivalent to thirty grains of the powder) were given, with cordials, but for a long time the stomach rejected everything. Finally, some carbonate of ammonia was kept down, and the patient gradually revived. There was no flowing during the following day, but the constant nausea made it impossible to administer anything except small pieces of ice and a few spoonfuls of beef-tea.

On the 12th of June, the plug was removed, and some fragments of the tumor which remained were torn away with a long pair of forceps, and the vagina was plugged with rags of old linen

cambric. The pulse was 120, but stronger, there was less nausea, and the general condition of the patient was improved. Dr. J. Mason Warren saw the patient in consultation, and by his advice sherry-cobler was given, which agreed admirably with the patient.

From this time the woman slowly improved. The vagina and uterus were syringed out with a solution of chloride of soda, on account of an abundant fetid discharge which took place, the tincture of the muriate of iron was given internally, and as large an amount of stimulants and nourishment as the stomach would bear. On the 18th there was a smart rigor, with headache, followed by perspiration. Pulse 130, feeble, countenance pale and anxious, some pain and tenderness in right iliac fossa. She was ordered two grains of sulphate of quinine, every two hours. She passed a large clot during the day. On the 19th, at 7, A.M., she began to flow again. The finger penetrated with some difficulty into the uterus, and some fragments of the foreign substance were removed by the nail and forceps, though a small portion remained which could not be detached, on account of the impossibility of fixing the uterus. The vagina was again plugged. A severe rigor soon followed, and the pulse remained at 128 during the day. A solution of tannin was injected into the uterus, and from this time there was no return of the hemorrhage. The offensive discharge gradually ceased, and in the course of a couple of weeks the patient could sit up, and soon became convalescent.

The mass removed was of a dense structure, though somewhat friable. It was perfectly free from odor, and contained numerous vessels, into some of which a bristle could be passed, while others were impervious. At my request, Dr. Ellis examined a portion of it under the microscope, which showed an abundance of the placental villi, with their cæcal extremities, thus establishing the character of the tumor in the most undoubted manner. Dr. Shaw also made a similar report from a microscopic examination, undertaken without the knowledge of the results obtained by Dr. Ellis.

The patient exhibited great courage throughout her illness, which, no doubt, contributed in some degree to her recovery. I think it will be a long time, however, before she repeats so dangerous an experiment.

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## **Hospital Reports.**

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### MASSACHUSETTS GENERAL HOSPITAL.

*Cases illustrating Varieties of Albuminuria.*—(Under the care of Dr. PERRY. Reported by CALVIN ELLIS, M.D.) CASE I.—E. C., a native of Ireland, 23 years of age, and mother of two children, entered the Hospital on the 9th of April. She had always enjoyed good health, until two years before, when she was delivered of a child at the seventh month of pregnancy. Though she nursed her infant for two months, and continued to work for some time afterwards, she suffered much from weakness, pain



in the back, and leucorrhœa. Early in January, 1855, she noticed a swelling of the abdomen, which was followed, in a month, by that of the feet. When first seen she was sitting up, the face being pale, waxy and bloated, the abdomen distended and fluctuating, and the feet œdematous. The tongue was pale, and nearly clean; the digestion defective. On examination of the urine, it was found cloudy and acid, with a density of 1.016. A small epithelial deposit was noticed, with transparent casts of the tubuli, containing a few pus globules. The amount of albumen was moderately large. Iron, acetate of potash, &c., were prescribed, but becoming dissatisfied, she very soon left.

Returning on the 15th of June, she reported herself twice as large as before. The skin had lost something of its waxy look, and had a purplish tinge, especially that of the lower extremities, in which she experienced a sensation of coldness. She complained of weakness and pain in back, was troubled with dyspnœa on lying down, and the œdema had extended to the arms and lower lids. The digestion was good, and the bowels regular. The catamenia had been absent for ten weeks. On examination of the abdomen, there was general tenderness, but particularly in the right iliac region. Though no distinct fluctuation was then detected, it afterwards became decided. The urine was scanty, high colored, and deposited a gravelly sediment. Notwithstanding the administration of iron and the frequent use of elaterium, which, from time to time, reduced the size of the abdomen and the accumulation of serum in other parts, the anæmia, although somewhat less, is still strongly marked, the tendency to effusion is by no means overcome, the urine is passed in small quantities, and still presents the same morbid character as at first, the quantity of albumen being, at the last report, even greater than before.

CASE II.—J. B., an Irish laborer, 40 years of age, entered the Hospital on June 9th. He had always enjoyed good health until the 20th of May last, when he began to be troubled with pain in lumbar region, together with soreness and swelling of the epigastrium. Soon after, the abdomen and legs began to enlarge, and at the time of his entrance the former was full and hard, and the latter were œdematous. He complained of weakness, and stated that he passed less urine and perspired less than usual. Skin cool and dry. Pulse 52, full. Tongue coated. Bowels regular. The urine, on examination, was found acid, with a density of 1.015: There was a deposit of epithelium and a few casts of the tubuli. No oil globules. A moderately large amount of albumen. Under the use of cathartics for some time, and of inf. uvæ ursi, the swelling rapidly subsided, the quantity of albumen in the urine diminished in a marked manner, and he was discharged on July 4th. It was suspected that mercurials had been administered before his entrance.

CASE III.—G. B., an American farmer, 43 years of age. In April had erysipelas in the right fore-arm, terminating in suppuration, which lasted several weeks, the discharge being quite profuse; but this ceased about three weeks before he entered the Hospital, on July 9th. He then stated that ten days previous he began to be troubled with thirst, dyspnœa, a stricture across the chest, and a sharp pain in the left side, aggravated by a full inspiration. A cough soon commenced, accompanied by pretty profuse expectoration of mucus tinged with blood. Since then he has rested most comfortably upon the right side. The appetite had been quite good. Stated that he had perspired freely, and that since his illness the urine had been passed in larger quantities than before, and had occasionally deposit-

ed a lateritious sediment. Pulse 100, small. Dyspnœa quite urgent, obliging him to sit up during the greater part of the night. On examination of the chest, dulness was detected at the base of both lungs, anteriorly and posteriorly. The respiratory murmur was wanting at the base of the left lung, while a sub-crepitant rale was heard at the base of the right. The resonance and respiration elsewhere were normal. Heart normal. The abdomen was somewhat full. The morning urine was acid, its density 1.010. There was an excess of urea and a small amount of albumen, but no casts of the tubuli. The legs were swollen, and had been so since about the middle of May. He was ordered to take ℥j. of the following mixture 3 t. d.:—R. Syr. sarza, ℥iij.; tinct. digitalis, ℥ss.; vini colchici, ℥iij. M. Salt-water bath 2 t. d. In two days he could lie upon the right side, which he had not been able to do for four weeks; the oppression about the chest gradually disappeared, together with the swelling of the limbs, and on the 23d no œdema was noticed in any part of the body. The morbid physical signs, also, gradually disappeared, so that, on the 20th, respiration was heard to the base of the lung, on both sides, without rales, though there was still a little more dulness over the left back than the right. He was, however, much troubled by pain in the right side, for which leeches were applied on the 27th, with much relief. The urine on the 14th was pale, cloudy and acid, containing no deposit, and a mere trace of albumen. Density 1.007. The appetite was always good, and the bowels regular. The prescription above mentioned was omitted on the 23d, resumed 2 t. d. on the 25th, and again omitted two days after, when mist. ferri comp., ℥ss., was prescribed before each meal. His strength has gradually improved, and he is now, August 2d, about leaving the Hospital.

Neither of these cases has yet terminated, but of the necessarily fatal character of the first no one will doubt. Time alone will prove whether the marked amendment in the others is to be permanent. They are reported together, at the present time, to show how differently the constitution may be affected, where albumen exists in the urine.

In the first case, the amount of albumen was large, and increased rather than diminished, while the quantity of urine passed was small. The accumulation of fluid in the cavities and cellular membrane was only temporarily checked by the administration of remedies, and the anæmia continued strongly marked.

In the other cases, the amount of albumen constantly diminished, while the quantity of urine passed was normal or increased. The serous effusion, once reduced, manifested no disposition to return, and the anæmia was wanting.

## **Reports of Medical Societies.**

*The Suffolk District Medical Society.*—(Reported by the Secretary, J. B. ALLEY, M.D.) The Society held its regular monthly meeting for Medical Improvement, on Saturday, July 28th, at 8 o'clock, P. M.

Dr. CABOT reported the following case of injury of the brain. The patient, a carpenter, fell through two stories, and struck his head upon a joist, fracturing the skull behind and above the ear, for a circle of five inches in circumference, and forcing a point of the bone beneath the adjacent edge.



Dr. C. raised the fractured portion, when a sudden gush of blood took place, which proved to be venous. He hastily removed the broken portion of bone, placed his finger upon the aperture, and found that it controlled the hemorrhage. As a temporary expedient, a piece of wood, cut in the shape of a knob, was placed over the wound, but subsequently Dr. C. procured a piece of sponge larger than the aperture, and rolling it firmly, pushed it through the wounded dura mater with complete success in restraining the flow of blood. The patient died in five or six days, of inflammation of the brain. The blood appeared to flow from the lateral sinus, just where the jugular vein enters, and the sponge calked it up completely.

Dr. Buck reported the following case of disease of the stomach and liver. The patient, a woman, æt. 65, countenance sallow, conjunctivæ clear, troubled with constant nausea, and vomiting, even after a draught of simple cold water, complained of a burning pain in the region of the œsophagus. Upon examination, a tumor was discovered, about the size of the fist, situated above and to the left of the umbilicus. There was no tenderness upon pressure, and the emaciation was so great that the tumor could be grasped by the hand. The bowels were sluggish, and the nausea and vomiting increased until the stomach could only retain brandy and water. Nothing appeared to pass through the stomach. Injections of broth were freely given. The emaciation increased, and the patient died. Grumous matter appeared in vomiting.

The following account of the post-mortem appearances is furnished by Dr. CALVIN ELLIS, who made the autopsy 15 or 16 hours after death.

*Lungs*, slightly puckered at apices. A cretaceous mass, as large as a pea, was found in the middle lobe of right lung, but the organs were elsewhere perfectly healthy.

*Heart* flaccid. In the right side was a yellow, gelatinous coagulation; in the left, a little liquid blood.

The œsophagus was considerably dilated. The mucous membrane presented a peculiar reticulated appearance, as from superficial ulceration, but no redness nor softening was noticed. The usual line of demarcation between the œsophagus and stomach was not seen.

The pyloric portion of the *stomach* was firmly adherent to the colon, but no communication existed between these parts. The attached portion of the stomach was much thicker and firmer than usual. The pyloric orifice would only admit the extremity of the little finger. The mucous membrane was somewhat thinner than in the majority of cases, but not otherwise remarkable. The walls of the last three inches of the pyloric portion of the organ were considerably thickened, particularly the muscular coat, which presented the peculiar striated appearance, so often mentioned in connection with cancer. In the middle of the thickened part was an ulceration about an inch in breadth, extending nearly or quite around the organ, of a slate or dirty-white color, and so deep at the attached point, that the adhesion alone prevented perforation. On the confines of this, beneath the mucous membrane, was seen a yellowish-white deposit, which was also present in the muscular coat, in the form of striæ or small masses, the consistence of which was perhaps a little less than that of the neighboring tissues.

On microscopic examination of the bluish-white striæ, nothing was seen but a fibrous structure, in the midst of which were some indistinct irregular nuclei. The fibres were those of yellow elastic tissue, and others closely resembling those of the involuntary muscles. The yellow opaque portions contained a large amount of fat, but no cells were seen.

The *liver* was flaccid. Scattered about in various parts were tubera, varying in size from that of a pea to that of a billiard ball, rising above the surface of the organ, and many of them presenting marked depressions in the centre. These were mostly of a yellow color, but several had a reddish, vascular look. Though of considerable consistence, the cut surface had a somewhat granular appearance. They were all firmly attached to, and continuous with, the surrounding substance. On scraping them, they yielded a white fluid. On microscopic examination, nothing could be seen but a large number of fat globules, and on partially removing these with ether, nothing like a cancer-cell could be detected. If there was any thing which characterized the morbid growth, it was fat. Some fat was also seen in the substance of the liver; but very little, compared with the amount in the tubera mentioned.

The general appearance of the masses was that of cancer, but if they ever presented the minute structure of that disease, fatty degeneration had entirely obliterated it.

Though the condition of the stomach was that which is often described as belonging to cancer, it could hardly be proved to be such.

The surface of the *spleen* was roughened by a thin fibrous deposit. Other organs not remarkable.

Dr. HENRY J. BIGELOW remarked that it is very doubtful how far cancerous deposit disappears by fatty degeneration, although an appearance of the liver, probably identical with that described by Dr. Ellis, has been cited as proof of the fact.

Dr. H. J. BIGELOW reported the following case of renal disease, and exhibited the specimen. The patient, a young man, 21 years of age, who, two years since, in lifting, had strained himself in the lumbar region. Difficulty of micturition followed, and pain so acute that he would fall from his chair and roll in agony upon the floor. He had been sounded for calculus, but with no evidence thereof. About two months since, began to grow much weaker, and more emaciated; querulous. No unequivocal symptoms of calculus appeared, and other symptoms diverted the attention from the bladder. About one month since, began to have convulsions, with nervous twitching in one side of neck. Pulse 180 during the convulsion; 100 as soon as it ceased. There was no evidence of cerebral disease, and consciousness was retained. No cough, although the lungs were found tuberculous. The patient died during one of the attacks of convulsion. The brain was not examined; the intellect had been unimpaired. The lungs were studded with tubercles. The bladder and kidneys were filled with tuberculous matter. The urine was singularly colorless, and contained albumen in moderate quantities. The interesting feature in the case was the enormous disease of the bladder, without greater derangement of the urinary function. Seldom passed more than five ounces at one time. At the autopsy, the kidneys were found to be double the natural size, distended by pus and caseous matter, showing itself in patches through their attenuated walls; both ureters much enlarged; left, as large as the finger—lower third distended with solid material; internal coat of the bladder so ulcerated as to present only a few shreds of mucous membrane; the ulcerated surface, elsewhere, consisting of a tuberculous or caseous lymph, infiltrating the submucous and muscular coats, which in some parts measured  $\frac{1}{4}$  to  $\frac{1}{2}$  inch in thickness.

*Voted,* To adjourn to meet the last Saturday in September.



### Bibliographical Notices.

*Archives de Physiologie, de Thérapeutique, et d'Hygiène.* Sous la direction de M. Bouchardat, Professeur d'hygiène à la Faculté de Médecine, à Paris.

*Mémoire sur l'Action Physiologique et Thérapeutique des Ferrugineux.* Pp. 356. Par T. A. Quevenne. No. 2. Octobre, 1854.

We are indebted to Messrs. E. & S. Fougere, of the "French Pharmacy," No. 20 North William street, New York, for the valuable book which bears the above title.

As will be remarked, it is "Number 2," of a series of volumes to be issued under the direction of M. Bouchardat, whose name, appended to any undertaking of this nature, is sufficient guarantee for its completeness and success.

M. Bouchardat is Professor of *Hygiène* to the French Faculty of Medicine. Such a professorship is an excellent thing in itself, and we do not see why it should not be established in every school of medicine; at least, if not distinctly recognised, its objects are of that high importance which should lead to their being brought prominently forward, not only for the instruction of students, but for the improvement of the profession.

We can only mention the design and plan of the "Archives." Each volume issued will be upon one subject—a monograph, which will give all that is known relatively to the physiological action and therapeutical application of the substance of which it treats. Number one of the series was upon Digitaline; the present volume is a most thorough examination of Iron, under the above aspects and uses. To give any analysis of the work commensurate with its scope and merits, would far transcend our limits. M. Quevenne has evidently done full justice to his subject. The names of celebrated and reliable authors, frequently referred to in his pages, give evidence alike of his industry and of the permanent value of the information he has accumulated. Great power is ascribed to iron and its preparations, in renovating the weakened system, and in one place we find the following, from M. Mialhe (*Art de formuler*, p. 137), which may well be noted, although familiar doubtless to most readers. "Iron is not, properly speaking, a remedy (*medicament*), but rather it is a kind of aliment; its final effect is to aid in the reproduction of [blood] globules."—(P. 113.)

The work is divided into three parts:—1st, Experimental. 2d, General Considerations, with various experiments; Deductions; Therapeutical Observations. 3d, Historical.

We would express our acknowledgments to the Messrs. Fougere, both for this volume and for their attention in occasionally sending to us the "Moniteur des Hopitaux" (Paris), a useful little sheet, managed by M. Castelnau.

If not already done, we suggest the placing a number of copies of the "Archives" on sale in our bookstores.

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*The Diseases of the Human Teeth, &c.* By JOSEPH FOX, Surgeon Dentist, Lecturer on the Structure and Diseases of the Teeth at Guy's Hospital &c., and CHAPIN A. HARRIS, M.D., D.D.S., Professor of the Principles of Dental Surgery in the Baltimore College, &c. Philadelphia: Lindsay & Blakiston, 1855. Svo. Pp. 440.

This work, originally printed in 1806, was written by Mr. Fox, a gentleman of the highest attainments in this branch of the operative surgery,

and has passed through three editions in England. The present re-print by Dr. Harris is rendered complete by the addition of the numerous discoveries and improvements which have taken place in the dental art down to the present moment. The name of its American editor is a sufficient guaranty of the completeness of these additions. The book is illustrated with numerous lithographic engravings, is beautifully printed, and is probably the most complete and valuable treatise on dentistry extant. For sale by Ticknor & Co.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 9, 1855.

### HYDROPATHY ; HYDROTHERAPY ; BATHING.

By most lexicographers, the terms *hydropathy* and *hydrotherapy* are considered synonymous. There is, perhaps, no great objection to this, but we have been made painfully aware, at times, of the value of close analysis of words, by the prevalence of the *pathos*, in the sense of *suffering*, over the *therapeia*, the *remedy*. The truth is, that the term *hydropathy*, as commonly applied, is an utter absurdity.

The grand mistake of the army of "water-cure" practitioners, is that which must invariably attend the over-riding of any mere hobby; they become men of *one idea*; actual monomaniacs, sometimes honestly, too frequently, otherwise. The penniless foreign adventurer, or the shrewd native money-maker, thrive upon *water*—administered to others;—the more serious aspect of the matter is, that every sort of ailment or more grave disease, the acute and the chronic, the fanciful and the too real and desperate, are all commingled and consigned to one and the same course of treatment. The young and the old, the robust and the feeble, are, to greater or less extent, douched, packed and drenched! This procedure bears its absurdity upon its face; still the public will not believe that such a lack of discrimination on the part of hydropathists is of any great consequence. We are willing to allow that there are those at the head of so-called "water-cure" establishments, who conscientiously investigate the cases of those who apply to them for their peculiar treatment, and decide as to its applicability or otherwise, by the result of their investigation. These persons are but few, however; the most incredible ignorance and daring rashness mark the proceedings of a great majority of these establishments. We know of many instances in which health and comfort, which might have been safely regained by due care and a little patience, have been wholly broken up and sometimes irretrievably lost, by perseverance in hydropathic measures, from the first wholly unsuited to the constitutions and wants of the patients.

Oftentimes, the restoration to health of one individual under a watery regimen, which happened to suit his case, will set a dozen others agog for the same measures, which nine times out of ten will prove an injury to them.

Hydrotherapy, or the cure by means of water judiciously applied, has been a familiar thing to the Profession ever since Hippocrates; it is quite true that late years have seen its more general application, and, in the hands of the physician and surgeon, immense advantages may be very frequently obtained by it. To give it the place of a *panacea*, is at once absurd and dangerous.



The season of the year naturally leads us to mention that use of water, second in frequency only to its internal employment as a drink, and that is, *bathing*. Excellent at all seasons, it becomes peculiarly grateful during summer, alike to the invalid and the healthy. In bathing, judgment is quite as requisite as in the application of water to the system in its diseased conditions. With certain persons, the external application of water should be but moderate; its temperature must be nicely regulated, and the time for it had best be directed with care by the medical attendant. In others, especially in summer, the leap into a bath of cold water, when just out of bed, is not only safe but most invigorating. In many persons who cannot bear the shock of a plentiful dash of cold water, much benefit may be derived (and this is especially true of many dyspeptics) by rubbing the entire surface of the body with a towel well moistened in cold water, and then thoroughly drying the skin.

The subject of bathing is one on which much has been written, and a great deal more might be, with advantage. We do not aspire to give much information, but there are a few hints which may be made useful to all.

Sea-bathing is so universal, that nothing need be said in furtherance of its claim as a restorative to the fatigued and heated body. To breast the inward-rolling surf upon our numerous fine beaches, has become at once a pastime and an agent in maintaining or recalling health and vigor. There are cautions, however, to be observed, if benefit be desired and risk would be avoided. All cannot bear water of so cold a temperature as that along our northern beaches; the system speaks very plainly in this case; the intense shock without subsequent and quick re-action; the blue, cutaneous surface and the uncontrollable shiver, with occasionally a sensation of faintness, caused doubtless by the inefficient struggle of the heart with the torrent of circulation, too fully and suddenly thrown in upon it—all say plainly enough, “this will not do for you!” The same is true in cases, where, the water being much warmer, the swimmer or surf-bather remains *too long* in it. The ill effects from this practice are *constant*, and are encountered in despite of the earnest remonstrance of medical advisers and others, who know the danger incurred. We have frequently witnessed these results, and often with the comment from the sufferers, that “they had persevered for a long time, but it would seem that sea-bathing did not agree with them.” Certainly not, thus managed; a little judgment and adaptation of places to persons, will, however, afford them the real good to be derived from sea-bathing, and prevent a most valuable hygienic agent from “getting an ill name.” Those who bear the colder waters well, should seek them in preference; the invalid, or the person susceptible to cold, will revel in, and gain strength from, the warmer.

It may be well to remark that those who have an abundance of adipose tissue can endure colder water, and remain longer in it with impunity, than thin, spare persons can. They also swim, generally, with much greater ease, being more buoyant, and consequently are not so soon fatigued. We have bathed this summer in company with a stout gentleman, well clothed also, with an *adipose tunic*, who declares he could remain in the ocean for half a day without being chilled or exhausted, and even while swimming almost constantly. For ourselves, fifteen or twenty minutes is an ample allowance, except in the very hottest weather, when twenty-five to thirty are not amiss. There are countless bathers who ought never to remain in the water for more than from five to ten minutes.

Some weeks ago we remarked a notice in the New York Observer, sign-

ed "C. Oscanyan, Turkish Coffee House, 625 Broadway," and which was quite well written, descriptive of the mode of procedure for giving the Turkish baths at Constantinople. If there is any thing of an ablutory nature as yet untried by us, and for which we truly long, it is this same far-famed "Turkish bath"! And we heartily wish that the proposal made by Mr. Oscanyan to New Yorkers, might find favor among Bostonians. Had we space, it would gratify us to quote some of his description, but we must, for the present at least, content ourselves with a line or two only. We presume that the writer of the communication to the "Observer" is wholly reliable, or he would hardly have gained admission to its columns. Most of the description is familiar, but we transcribe the following:—

"The Turkish baths are neither immersion nor vapor baths; but the atmosphere is heated by means of flues through the walls, of a temperature suited to induce a free perspiration without causing over-exhaustion; for the interior is so arranged that the bather, in passing from one apartment to another, gradually becomes acclimated to the heat.

"After the pores of the skin are thus relaxed, the body is gently rubbed with silk mittens, &c., \* \* \* till those who have been ever satisfied with the purity of their corporeal frames are utterly shocked to see themselves covered with little rolls of human vermicelli! The process is completed by thorough ablutions in warm water and soap, &c., &c."

The writer proposes to raise funds for the purpose in New York by "a joint-stock company," shares \$25 each.

Whatever may be thought of forming such an establishment in this city, we will say that nowhere is there more real need of public baths, open at easy rates to all, and even *free* to the poorer classes. Many, if not most, of the cities of our country are lamentably deficient in these means of health and comfort; and a portion of the public funds which are so constantly applied to mere ornamentation, or blown away in gun-powder in political and other rejoicings, might be most usefully disposed of, hygienically, for the benefit of the community. A sea-board city, at least, should not lack larger and better accommodations than ours possesses for salt-water bathing.

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#### OUR NEW VOLUME.

THE beginning of a new volume appears to be a fitting occasion for a few remarks concerning the aims we have hitherto had in view in conducting this Journal, and the prospect before us on entering upon another half year. While we feel conscious of many deficiencies and imperfections, we can honestly say that we have always endeavored to elevate, so far as lay in our humble ability, the standard of medical science in the community, and impartially to afford to all an opportunity of communicating the results of their experience and observation to the public. Among the large number of articles submitted, of course there must be some, which, for various reasons, are unfit for publication. It may be thought that a larger number might have been rejected with advantage to our readers. If we have failed to steer clear of the extremes of severity and indulgence in our judgment, we can only offer the difficulty and delicacy of our position as an excuse. We had hoped to present more papers from Boston physicians; though we might refer to several valuable communications from this source with which our pages have been enriched. We trust, however, that the value of the Journal, as a medium of publication, will in future be more appreciated here than it has been, and that gentlemen will be less disposed



to send to other periodicals, articles which would more appropriately appear in a Boston journal.

The Boston Society for Medical Improvement was among the first in this country which adopted the practice of regularly publishing its transactions, and the extracts from its records were long reckoned among the most attractive features of the American Journal of the Medical Sciences. Our succeeding volumes, like the last, will continue to be enriched with these reports, as well as with those of the Society of Observation and of the Suffolk District Society. We have made arrangements for a more methodical and valuable series of reports of interesting cases at the Massachusetts General Hospital than we have hitherto been able to present.

We cannot take leave of this subject without expressing our grateful thanks for the sympathy and aid which have been extended to us from all quarters, and for the indulgence with which our short-comings have been received. In return for such kindness, we assure our readers that no effort shall be spared on our part to render the Journal worthy of the liberal support it has received.

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*Braithwaite's Retrospect of Practical Medicine and Surgery.*—The thirty-first part of this valuable periodical, republished by Stringer & Townsend, in New York, has been received and is for sale by Ticknor & Co. Members of the Massachusetts Medical Society will be supplied with their copies on forwarding to the Librarian, Dr. J. B. ALLEY, 35 Boylston street, Boston, the certificate of the payment of their dues to the Society.

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*Index to Volume LII.*—We ask the indulgence of our subscribers for the delay in the appearance of the index to the last volume. The manuscript has been for sometime in the printer's hands, but owing to a great press of business it has been impossible to finish it. We shall send it with an early number.

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*Medical Miscellany.*—The British Government is beginning to see the advantage of placing the army and navy surgeons on a level with the other officers; the assistant surgeons of the navy have just been admitted into the ward room.—There were 103 deaths from cholera infantum in New York, out of a mortality of 576, or 17 per cent., during the week ending Aug. 4th. In Boston, for the same week, there were 17 deaths from the same disease, out of a mortality of 97, equal to the same proportion. The ratio of deaths from the above cause in Boston during the two preceding weeks, was 28 and 22 per cent. respectively.

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*Communications received.*—The Degeneration of the Medical Profession in the United States; An Essay on Dental Hygiene; Case of Fracture of the Base of the Cranium.

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DIED.—In Lowell, on the 4th inst., Peter Manning, M.D., aged 64 years.

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*Deaths in Boston* for the week ending Saturday noon, Aug. 4th, 97. Males, 48—females, 49. Inflammation of the bowels, 2—inflammation of the brain, 2—congestion of the brain, 4—consumption, 9—cholera infantum, 17—cholera morbus, 2—croup, 1—colic, 1—dysentery, 8—diarrhoea, 1—dropsy, 4—dropsy in the head, 3—drowned, 1—debility, 1—infantile diseases, 7—puerperal diseases, 2—typhus fever, 1—typhoid fever, 1—scarlet fever, 3—hooping cough, 2—disease of the heart, 3—disease of the liver, 1—marasmus, 4—old age, 2—smallpox, 3—teething, 9—thrush, 1—unknown, 2.

Under 5 years, 65—between 5 and 20 years, 3—between 20 and 40 years, 17—between 40 and 60 years, 2—above 60 years, 10. Born in the United States, 75—Ireland, 17—Germany, 1—England, 2—British Provinces, 2.

*“Abortive Treatment of Coryza.”*—M. YVONNEAU states that during several years he has always succeeded in arresting idiopathic coryza within twenty-four hours, by the simple expedient of occluding the nostrils. He spreads gold beaters’ skin with collodion, cutting it into strips, and so applies it as to entirely close the external apertures. The person can go out, and, were it not for the alteration of voice, the application would not be noticed by others. The irritated membrane is thus protected from the cold atmosphere, and is kept in contact with a moist, tepid air only.”—*Rev. Med.*

*Mortality of Medical Men.*—In a memoir read before the Physico-Medical Society of Wurzburg, by Dr. Eschschricht, are contained some remarks on the variation of the average duration of life in the different professions. From the statistics drawn up in Bavaria, and which coincide with what Caspar had already proved, it appears that among the members of the medical profession the highest rate of mortality exists. Three-fourths of the medical men die before the age of 50, and ten-elevenths before 60. Of 1,688 medical men in Bavaria in 1852, four only had passed the age of 80; and of these four none had devoted themselves to the practice of medicine exclusively. The united ages of the oldest ten physicians amounted to 792; while the united ages of the oldest ten in each of the other liberal professions presented the following numbers: Roman Catholic priests, 878 years; Professors in the schools, 875 years; Protestant ministers, 865; lawyers, 885 years.—*Association Medical Journal*, April 27, 1855, from *Bulletin de Therapeutique*.

*Cyanuret of Mercury.*—M. Desmartis, of Bordeaux, after a careful comparison of the effects produced by the different preparations of mercury, has come to the conclusion that the cyanuret is superior to all others, especially in syphilis. He believes it at the same time efficacious and innocuous in its action; he never saw it occasion salivation or any intestinal irritation; and often, when all the preparations of the metal had failed to produce benefit, he has seen it restore to health patients whose cases seemed hopeless in the extreme. He has found its use to be efficacious in certain cases where the patients had suffered, for a long period, obscure pains, for which no cause could be discovered. He has employed it with benefit in iritis, and in syphilitic affections of the nose and fauces.—*Dublin Hospital Gazette*, April 1, 1855.

*Judicial Decision in Antwerp respecting Medical Secresy.*—The Lower Court of Antwerp has just decided that a medical man who registers a child whose mother he has attended in labor, is not bound to divulge the name of the latter, if he have made a promise to keep the secret. The question and the trial had caused much sensation amongst our Belgian brethren, and we are happy to state that a large number of them joined in a subscription to support Dr. Bessens, who refused to give the name of the mother in a case of the description mentioned above. The privilege thus conceded is honorable to our profession, and would have the tendency, were it generally granted, to diminish the cases of infanticide.—*Lancet*, May 26, 1855.

*The London Hospital Medical College.*—The annual distribution of prizes took place on Wednesday, June 20th, the Right Hon. the Earl of Shaftesbury in the chair. There was a large assembly on the occasion, and we were particularly struck with the eloquent and fervent manner in which Lord Shaftesbury, during his address to the prizemen of the day, advocated the claims of the medical profession. He considered that, of all liberal professions, it always gave the most and received the least; and notwithstanding the high intelligence, the indefatigable perseverance, and the heroism of action exhibited by its members in the civil, naval, and military departments of the state, its invaluable services were nevertheless but too often inadequately recognized, or doomed even to silent oblivion. He could but think that a peculiar dispensation rendered its members able and willing to cope with the difficulties of their calling, and that the very nature of medical science, in its preventive and sanitary applications, engendered a warm liberality of sentiment and a philanthropic freedom of action.—*London Lancet*.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LIII.

THURSDAY, AUGUST 16, 1855.

No. 3.

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## THE LATE DR. ELISHA BARTLETT.

[Communicated for the Boston Medical and Surgical Journal.]

AFTER a long illness, the issue of which has been but too plainly foreseen by all his friends, Dr. Elisha Bartlett has left us, regretted and honored throughout our whole land. His life has borne fruits to science and done good service to his fellow men in various spheres of duty. While we trust that it may find a faithful chronicler in some one of those who have been near him in its more active periods, it will not be out of place to devote a brief space in our pages to his memory. Hardly any American physician was more widely known to his countrymen, or more favorably considered abroad, where his writings had carried his name. His personal graces were known to a less extensive circle of admiring friends, and yet his image is familiar to very many who have received his kind attentions, or listened to his instructions, or been connected with him in the administration of public duties.

To them it is easy to recall his ever welcome and gracious presence. On his expanded forehead no one could fail to trace the impress of a large and calm intelligence. In his most open and beaming smile none could help feeling the warmth of a heart which was the seat of all generous and kindly affections. When he spoke, his tones were of singular softness, his thoughts came in chosen words, scholarlike yet unpretending, often playful, always full of lively expression, giving the idea of one that could be dangerously keen in his judgments, had he not kept his fastidiousness to himself, and his charity to sheathe the weakness of others. In familiar intercourse—and the writer of these paragraphs was once under the same roof with him for some months—no one could be more companionable and winning in all his ways. The little trials of life he took kindly, and cheerily, turning into pleasantries the petty inconveniences which a less thoroughly good-natured man would have fretted over. A man so full of life will rarely be found so gentle and quiet in all his ways. A man who could be so satirical must have been very kind-hearted to let the sharp edge of his intellect be turned towards his neighbors' weaknesses so seldom. None was less disposed to put on airs in any company; he was rather too modest

in coming out than too forward, though a silver-tongued speaker, to whom multitudes were always ready to listen whenever he was forced or beguiled to open his lips in public. I have been told that a distinguished foreign visiter who went through the whole length and breadth of the land, said that of all the many welcomes he received, from statesmen renowned as orators, from men whose profession is eloquence, not one was so impressive and felicitous as that which was spoken by Dr. Bartlett, then Mayor of Lowell, our brother in the Silent Profession, which he graced with these unwonted accomplishments. All these are now but pleasant memories; many eyes will grow dim as they are recalled, and many hearts beat warmly over them; when these eyes are darkened, and these hearts are stilled, the image just feebly traced will be like the shadows of yesterday.

But this is not all our friend has left after him. It is hardly necessary here to refer to his public career as a magistrate. Yet this, though its results are less palpable to the public sense than those of scientific or literary labor, was in the highest degree honorable to his talent and integrity. Every man who has held manfully for any space any office in a system of government like ours, though the records of his doings may run through the spare fingers of history and sink into the sands, has done more and greater things than he can know—for no imagination can compass that future into which his courage and honesty shall enter as elements. To have left a high and cherished name after him in an office so alien to his chosen pursuits and studies as the chief magistracy of a crowded city like Lowell, implies the possession of moral excellences as rare as the intellectual powers they accompanied. Had Dr. Bartlett fallen finally from his first love, and gone with his clear head and noble character and captivating oratory into the fatal passes of public life, it is paying our highest tribute to his virtues to say that he would certainly have been honored with the cross of high office, and at last with the crown of political martyrdom, the greenest of our civic wreaths in the times that are.

The same qualities which fitted him for a public speaker, naturally gave him signal success as a teacher. Had he possessed nothing but his remarkable clearness and eloquence of language and elocution, he could hardly have failed to find a popular welcome. Medical culture is often carried on among us by a light easy system of top-dressing. The rake is a more frequent instrument than the spade in the hands of many who are thought successful in raising the great harvest of students, the results of which are every March threshed and winnowed and garnered in our various schools. Among these, by all the qualities that give currency to the popular lecturer, by a manner at once impressive and pleasing, a lucid order which kept the attention and intelligence of the slowest hearer, and the attractions of a personal character always esteemed and beloved by students, he might have been preëminent. With such he is not to be counted. To accumulate without assimilating, to re-pro-



duce without enriching, to use rhetorical ornament to cover up the want of facts, to declaim instead of demonstrating, and to make all this pass current by an agreeable voice and easy confidence of manner ; to do this is not difficult, and is both convenient and common. This was what Dr. Bartlett did not do. His courteous and guarded language hardly betrayed his estimate of the class of mental operatives that live by such services. But he has left the sharpest rebuke of the tribe to which they belong, in the sincerity and severe truth of his own writings.

As an author, Dr. Bartlett is best known to the medical world by his *Treatise on Fevers*, and his *Essay on Medical Philosophy*. Few works not based upon long series of original observations have obtained or merited the consideration of the first of these treatises. He had the art of sifting authorities and getting at their essential meaning which belongs to the lawyer. He had the breadth and fairness of mind which enabled him to weigh and decide on the masses of evidence before him ; the same qualities that find their fullest expression in the voice of an enlightened judiciary. All might not accept his conclusions, but all could see that he was thoroughly faithful and honest, as well as able. Thus, his work on Fevers remains not only a most valuable monograph on these diseases, but a model for all who would produce a digest, as the lawyers call it, of whatever authentic knowledge is acquired upon any great medical question.

The *Treatise on the Philosophy of Medicine* is a work of wider aim and covering a ground open to more subtle controversy. It is the abstract expression of that phase of truth practically illustrated in the admirable works of Louis and his disciples. Clear and logical as everything he wrote, irresistible, if accepted as the development of truth in one direction, it has been reproached with throwing out of sight the higher qualities of imagination and invention in their legitimate applications to science. It is only fair, perhaps, to say that perfectly as it evolves its own conclusions, it would be less open to charges of omission if a chapter such as he himself might well have supplied, had been added upon the action of the inventive mind in the discovery of truth. The reader who will refer to the forcible and elegant lecture of Prof. Henry J. Bigelow, entitled "*Fragments of Medical Science and Art*," will find this point fully unfolded and illustrated. Not the less is Dr. Bartlett's essay of permanent excellence, because in the close logical pursuit of his chain of propositions, he has seemed to exclude principles which under another aspect his own imaginative mind would have been the first to recognize.

Everywhere through his writing prevails that easy flow of language, that felicity of expression, that florid warmth when occasion offers, which commonly marks the prose of those who are born poets. Yet few suspected him of giving utterance in rhythmical shape to his thoughts or feelings. It was only when his failing limbs could bear him no longer, as conscious existence slowly

retreated from their palsied nerves, that he revealed himself freely in this truest and tenderest form of expression. We knew that he was dying by slow degrees, and we heard from him from time to time, or saw him, always serene and always hopeful while hope could have a place in his earthly future. His work was done, done nobly and gracefully, the work of an honest citizen, of a revered teacher, of a wise thinker. When to the friends he had loved, there came as a farewell gift not a last effort of the learning and wisdom they had been taught to expect from him, but a little book with a few songs in it, songs with his whole warm heart in them, they knew that his hour was come, and their tears fell fast as they read the loving thoughts that he had clothed in words of natural beauty and melody. The cluster of evening primroses had opened, and the night was close at hand.

No brief tribute like this can do more than show the feelings which its subject inspired in those who knew him. He has left this earthly scene of his labors too early for friendship and for science, not for himself, ripe in every virtue and ready for wider spheres of knowledge; one of the "pure in heart," who look on the unveiled face of truth during their earthly pilgrimage, and who have the promise that they shall "see God" himself when they have reached its close.

O. W. H.

## AN ESSAY ON DENTAL HYGIENE.

BY A. M. HOOKER, BRISTOL, CONN.

[Communicated for the Boston Medical and Surgical Journal.]

AMONG the many misfortunes to which the human system is liable, perhaps there is none more common than loss of the teeth. Indeed this calamity is so frequent that a large part of mankind seem to look upon it as unavoidable. A careful examination, however, of the causes of this evil, will show that it is by no means impossible to prevent it. Although the teeth are greatly exposed to the action of destructive agents, reason and observation teach, that by proper care, they may generally be preserved through life. To establish the truth of this assertion, is the design of the present essay. In pursuing this object it will be proper—

First.—To notice the causes which usually occasion the loss of the teeth. And,

Secondly.—To show how these causes can be removed.

*The causes which usually occasion the loss of the Teeth.*—Irregularity of arrangement may be mentioned, first, as a powerful predisposing cause of the loss of the teeth. Irregularity is mostly confined to the second set. It is generally caused by the too early removal of the temporary teeth, or by their remaining too long, in consequence of tardiness in the absorption of their roots. If they are removed too early, there may be a contraction of the maxillary bones, lessening the space for the permanent teeth, and oblig-



ing them to be crowded in their arrangement. On the other hand, if they remain too long, they will stand in the way of the permanent teeth taking their proper places, and these will consequently be thrown out of the circle. Irregularity sometimes produces severe inflammation of the periosteum of the roots of the teeth, which may be followed by disastrous results to the teeth affected, and by rendering the fluids of the mouth unhealthy, to other teeth also. It, moreover, increases the difficulty of keeping the teeth clean. And cleanliness we shall see to be very important to their preservation.

Accumulation of tartar on the teeth, is another cause which frequently occasions their loss. Tartar is deposited on the teeth from the saliva, and is composed principally of phosphate of lime. When deposited, it is soft and may easily be removed. If suffered to remain, it gradually hardens. It sometimes becomes so hard, and adheres so firmly to the teeth, as to require considerable force to remove it. In color, it varies from a light to a dark brown, and is sometimes almost black. It is found in the largest quantities on the inner surface of the lower front teeth, and the outer surface of the upper molars; these teeth being opposite the ducts of the salivary glands. It accumulates much faster in some mouths than in others. In some cases the teeth become almost covered with it. Tartar renders the breath offensive, and the secretions of the mouth unhealthy. It often causes the gums to become inflamed, and gradually to recede from the necks of the teeth, and their sockets to be absorbed, so that the teeth drop out, or become so loose as to be worse than useless. Many sound teeth are lost in consequence of its producing absorption of their alveoli. Sometimes its presence causes ulceration of the gums, and a discharge of fetid matter. Many other pernicious effects may occasionally result from its accumulation.

Caries or decay of the teeth is still another, and generally the immediate, cause of their loss. Caries of the teeth is a chemical decomposition of their dentine or bony substance. It commences at some point on the surface of the bone, and gradually extends until, if not arrested, the whole of the bone of the crown, and sometimes a considerable portion of the root, is destroyed. At its commencement, it appears like a dark stain on the surface of the tooth. The enamel remains nearly sound, in many cases, until a large part of the bone is destroyed, and the first notice the individual has of the decay is the breaking in of the shell of enamel. This decomposition is the result of the action of an acid on the lime which forms a large proportion of the composition of the tooth. By a chemical change, the bone is deprived of its lime, and its texture is thus softened, and broken down; nothing remaining but organic matter, in the form of a soft gelatinous substance. This acid is present in the largest quantity when the fluids of the mouth are in an unhealthy condition; and through them, as a medium, it acts on the bone of the tooth. Decay will not take place unless

these fluids remain some time in contact with the bone. There must also be some defect in the enamel, to allow them to reach the bone, although this defect may be so slight as to be scarcely visible. Sometimes, though seldom, this acid is sufficiently powerful to act directly on the enamel, destroying that first, and then committing its ravages on the bone beneath. The enamel is sometimes corroded by a kind of greenish stain or tartar, most frequently found upon the outer surface of the upper front teeth, near the gum. The fluids of the mouth may be rendered unhealthy by the decomposition of particles of food allowed to remain about the teeth; by accumulations of tartar on the teeth, as already mentioned; by diseases of the gums, the sockets of the teeth, or the maxillary bones; by an unhealthy state of the general system; and by the exhibition of certain medicines. Decayed teeth and worthless roots render these fluids still more unhealthy, and may thus hasten the loss of the other teeth. Every successive tooth which becomes diseased hastens the decay of those before affected, and increases the danger of caries in the remaining sound ones. There is great difference in the liability of the teeth of different individuals to be affected with caries, resulting from a difference in the character of the enamel, and the texture of the bone of the tooth. The thicker and harder the enamel, and the denser the bone, or the greater the proportion of lime these contain, the less the liability to decay. Regular teeth, *cæteris paribus*, are also less likely to become carious than those irregular in their arrangement.

We have shown what causes usually occasion the loss of the teeth, and now let us see

*How these causes can be removed.*—1. If the teeth of the second set are irregular in their arrangement, they should, if possible, be regulated. Means to accomplish this end should be employed as soon as possible after their appearance. Before the 14th year, judicious endeavors to regulate the teeth will generally be successful. After this period, there will be less probability of success, though the object may sometimes be effected as late as the 20th year. That is a false kindness which induces parents, from fear of causing pain to their children, to neglect this matter. A little pain now may prevent much hereafter. A judicious firmness, on the part of the parent, may secure to the child a set of well-arranged teeth, which, in after life, will be sure to be most highly prized. By proper care during the shedding of the temporary, and the appearance of the permanent teeth, irregularity may generally be prevented. During the time occupied by the process, or from the 5th to the 14th year, the mouth should be examined frequently, and proper means employed to secure regularity in the arrangement of the second set. We have stated that premature loss of the temporary, is one cause of the irregularity of the permanent teeth. Great care should be taken, then, of the temporary teeth, in order to prevent the necessity of their removal in consequence of disease, before the permanent teeth are ready to take their places.



This matter is too generally neglected by parents. They are apt to think, that as the teeth of the first set are soon to be removed, to give place to those of the second, it is unnecessary to pay much attention to them. But, to say nothing of the comfort of the child, not only the regular appearance, but also the perfect formation of the permanent teeth, require that great pains be taken to preserve the temporary, in a healthy state until they are removed by the absorption of their roots. Upon the condition of the temporary, will depend very much the durability of the permanent, teeth. The teeth of the second set, during their formation, being imbedded in the jaw, in close proximity to the roots of the first set, disease in the latter may be transmitted to the rudiments of the former, and interrupt the process of their healthy formation; and when they pierce the gum, they will be ill prepared to withstand the action of the destructive agents by which they are surrounded. If, then, parents wish their children to enjoy through life the blessing of sound teeth, they must see that proper care is taken of the first set. From neglect of this care, proceed most disastrous results, besides increased liability in the permanent teeth to premature loss. Long before the appearance of the permanent, many of the temporary, teeth are often destroyed, and the child is doomed to suffer the evils which invariably follow disease and loss of these organs.

2. If there is any tartar on the teeth, it should be removed with proper instruments. Notwithstanding the prejudice that has existed, with some, against this operation, it is, nevertheless, absolutely necessary to the preservation of the teeth. Instruments are the only sure means by which it can be removed. In the hand of a skilful operator, no harm can result from their use. No acid, or washes containing acid, should ever be employed to remove tartar. From the similarity in the composition of tartar and enamel—both consisting principally of phosphate of lime—it is certain that any acid which will dissolve one, will act on the other also. After tartar has been removed, its re-accumulation should be prevented, as much as possible, by the frequent use of the brush. If there is much tenderness of the gums, a soft brush may be used until they become healthy, when a stiffer one may be substituted. Tenderness and bleeding of the gums is no excuse for neglecting the brush. The bleeding caused by the friction of the brush tends greatly to reduce the inflammation, and to restore a healthy action. When the gums become sound, the bleeding will cease.

3. Great care must be taken to prevent caries, and to arrest its progress where it has already commenced. To this end, it is most important to keep the enamel free from injury, and the secretions of the mouth in a healthy state. While the enamel remains sound, there is no danger of decay. Caries never commences within the tooth, but always on the surface. The enamel may be injured by mechanical violence, as biting hard substances,

or using powders or pastes capable of scratching it; or, as we have seen, by cleansing the teeth with acids, or preparations containing acids. If the fluids of the mouth are kept pure, the generation of the acid which produces decay will be prevented. The causes which usually render these fluids unhealthy have been mentioned. Now let us see how their evil effects are to be guarded against. Particles of food, remaining about the teeth, should be removed with a brush, or a goose-quill tooth-pick. Diseased teeth which cannot be restored to health, and worthless roots, should be extracted. This is a matter of very great importance. The mouth cannot be in a perfectly healthy condition while these remain. Disease of the gums, and of the alveoli, generally yield very readily to proper treatment. Disease of the maxillary bones is much more rare, and is apt to be more formidable. But neither the gums, sockets, or jaw bones, are often diseased, when proper care is taken to prevent and remove irregularity, and to keep the teeth perfectly clean. As constitutional diseases often vitiate the secretions of the mouth, the health of the teeth demands that attention be paid to the health of the general system. If this be done, there will also be less danger of injury to the teeth by the exhibition of medicines which may corrode the enamel, or vitiate the fluids of the mouth. In sickness, the teeth should be kept as clean as the patient's condition will permit. After taking acids it may be well, when practicable, to rinse the mouth with some alkaline solution, as soda in water. Immediately on recovery from severe illness, the mouth should be examined, that any injury which may have resulted to the teeth may be remedied in season.

If taken in time, caries may always be arrested. This is sometimes done, in its commencement, by entirely removing the decayed spot with a file. After a tooth has been filed for the removal of decay, particular pains should be taken to keep the filed surface clean. This disease is generally treated by first thoroughly cleansing the cavity from decayed matter, and then filling it with gold so as entirely to prevent the access of the fluids of the mouth to the bone of the tooth. The cause being thus removed, the progress of the decay is stopped. To be sure of success, cavities should be filled before the nerve becomes exposed. The operation may often be successfully performed, however, after its exposure. But in such cases there is more or less danger of subsequent trouble. It is of the utmost importance that this operation be always properly performed, for a tooth badly filled may be in a worse state than if not filled at all.

From the preceding facts we conclude that the great preservative of the teeth is cleanliness. Cleanliness tends greatly to keep the fluids of the mouth in a healthy state, and if they are vitiated, to prevent their remaining long enough in contact with the teeth to produce decay. The teeth should be cleansed at least once every day, with a brush and water. If the enamel cannot be kept free from stain without, a tooth-powder may be used as often as neces-



sary. They should also be examined occasionally, by a skilful practitioner, that suitable means to prevent or remove their diseases may be employed in season.

We have seen what causes usually occasion the loss of the teeth, and that by the timely use of proper means their evil effects may be prevented. Why, then, may not the teeth generally be preserved through life? There are accidental causes, beyond our control, which sometimes occasion their destruction; but in general we may affirm, that where the teeth of the second set are of good shape, firm texture, regular in their arrangement, and kept constantly clean, there is but little danger of their loss.

#### MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO IV.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

[Communicated for the Boston Med. and Surg. Journal.]

*Case of Fracture of Base of Cranium.*—Patrick R., aged about 50, was brought into the hospital on Thursday, October 10th, 1850. He was insensible, with stertorous breathing. Mr. Sawyer (Dr. Sawyer, of San Francisco) gave him a stimulating enema, and applied some external stimulants. I saw him at 4, P.M. His pulse was 80, small and feeble. Respiration stertorous. Chest filled with moist rales. Could be only partially roused, and if uncovered his whole attention was directed to covering his penis. The sensibility was much impaired everywhere; the right side of the body was almost insensible. Eyes closed. Left pupil firmly contracted, so much so that it would not, apparently, have admitted a cataract needle, and motionless. Right pupil at least four times the diameter of the left, and also motionless. Conjunctivæ slightly congested. Hearing almost totally extinct. No irregularity about facial muscles.

There were three contusions upon the head. (A) On the left side, near the junction of the parietal and occipital bones, laying bare the cranium, and in form of an inverted Y, having the appearance of being made with the solid angle of a cube, as the corner of a board. Through this the fractured outer table could be felt with slight depression. (B) The second wound was over the left parietal bone, about four inches from the first, of the same form, and also cutting through the pericranium. No fracture could be felt here. (C) A simple contusion over the left malar bone, and under the outer angle of the eye.

He lived till the 13th, at 12½, P.M., having once only been roused sufficiently to give his name, and some slight account of being attacked by two men, one of whom struck him with a board.

*Autopsy*, at 2½, P.M., October 14th. Rigor mortis very marked. The wound A fractured the skull, breaking out a piece of the

left parietal bone, at its junction with the right parietal and occipital bones. This piece was of the outer table only, triangular, containing perhaps half a square inch of surface. Externally the fracture extended upward to the right across the sagittal suture, and at an angle of  $60^\circ$  in the opposite direction; downward in a vertical direction to the base of the skull. On removing the skull-cap it was found that the internal table showed the same fracture, extending downward and around the foramen magnum to the left, and into that foramen on the left side a little in advance of its centre. Internally there was an effusion of blood over both orbits external to the dura mater, on one side to the amount of about a drachm. On removing the dura mater and brain about  $\frac{3}{4}$  iv. of coagula was found upon the brain on its upper and lower surfaces, mostly on the left side. There was, perhaps, an ounce more under and between the lobes of the cerebellum. The brain was much congested, but of natural consistence. The extension of this fracture ruptured the longitudinal sinus. At wound B there was simply effusion of blood under the integuments.

No other signs of disease.

## Hospital Reports.

### MASSACHUSETTS GENERAL HOSPITAL.

*Ascites—Recovery.*—(Under the care of Dr. PERRY. Reported by CALVIN ELLIS, M.D.)—T. McL., an Irish mechanic, 36 years of age, entered the Hospital on May 27th, under the care of Dr. Shattuck. He then reported that, with the exception of a slight swelling of the legs, seven years previous, he had enjoyed good health until December, 1854, when the lower extremities began to swell, and, soon afterwards, the abdomen. He very soon gave up work, and the difficulty increased to such an extent, that it was found necessary to tap him. This afforded but temporary relief, and the operation was repeated three times before his entrance, the longest interval being four weeks. At the operation on May 12th, which was the last, fifteen quarts of serum were withdrawn, this being the amount taken twice before.

When first seen he was sitting up. Countenance pale. Skin cool, particularly that of extremities. Pulse S2, small, regular. Abdomen quite distended and fluctuating. Lower extremities œdematous. Tongue glistening and of a light red color. Appetite and digestion both good. He had taken much active purgative medicine. Cough quite troublesome, with albuminous expectoration. On examination of the urine a few days after, nothing remarkable was discovered. An aperient draught was prescribed, a diuretic mixture applied to the abdomen, and extract of conium ordered at night. No improvement took place, and on July 3d, when he came under the care of Dr. Perry, there was more œdema of the lower extremities; the urine did not exceed Oj. in 24 hours, and the appetite was failing. The former medicines were omitted, and for them was substituted a pill composed of opium, gr. 1-4; digitalis, gr. 1-2; squills, gr. j.; pil. hydrargyri, gr. ij., three times daily. He, notwithstanding, continued to enlarge, and was tapped on June 15th, when four gallons of serum were re-



moved. On the following day the pill above mentioned was omitted, and elaterium, gr. 1-2, ordered to be taken every night. This not having the desired effect, was increased to gr. j. on the 25th. On the 28th he was much better. There was less fulness of abdomen; less fluctuation; and the œdema of the legs had diminished. On the 30th he was reported to have lost 14 pounds in six days. He could button his pantaloons as well as usual over the abdomen, which was everywhere resonant. The urine afterwards increased in quantity; he gained strength; the effusion did not return, and he remained in the house, occasionally taking elaterium, until July 27th, when he was discharged.

*Yellow Softening of Liver.*—(Patient under care of Drs. SHATTUCK and STORER. Reported by Mr. J. C. WHITE, Medical House Pupil.) May 7th. J. S., æt. 61, had led an idle, unsettled life, and had been accustomed to high living and stimulants from youth up, sometimes drinking to excess. Had spent much of his life in the country, hunting and fishing. Health had been good, with exception of cough continuing from boyhood. Last September, while on a shooting excursion, drank to excess, was exposed to wet, and took cold. Two or three days afterwards felt sharp pain in calves of legs, which extended to knees and subsequently upward, accompanied with considerable swelling, which has continued up to the present time, with some intermissions.

Some hardness of the cellular tissue was observed on examination of the legs; little or no œdema. Erythematous eruption on skin, with prurigo. Abdomen rather full and flabby; flat from an inch below umbilicus downward; quite resonant superiorly. Fluctuation. Pulse 80, regular, small. Tongue reddish, glistening. Appetite good. Bowels regular.

*Treatment*, from this time up to June 11th, consisted in administration of tonics, under which he rapidly improved; so much, in fact, that he walked a mile or two about the streets of the city, whereas, on entrance, he walked across the room with difficulty. During this time he was troubled occasionally with diarrhœa; and had chilly turns and cough, all of which were relieved. Rejected food at times, also, though he never had bilious vomiting. Appearance of stools natural as to color. Urine normal, with exception of light specific gravity—1.013.

June 11th.—Was transferred, by request, to a private room; where, under less restraint, he took brandy freely at times.

18th.—Returned this A.M. to ward 7. Had diarrhœa checked by "*diarrhœa mixture*." Looked much more feeble,

20th.—Injured wrist yesterday, pain from which caused him to pass a restless night. Alcohol and water dressing applied, with much relief.

21st.—Had a restless night, requiring watching; now, appears quite languid. Pulse 108; extremities cold; dyspnœa. Seems indifferent to things about him, and answers questions only with very slow utterance. Became delirious during latter part of the day. At 9, P.M., he was unconscious; respiration slow and stertorous. Died at 10 1-2.

Extracts from report of autopsy twelve hours after death.

*Left Pleural Cavity* contained 3xvj. serum. No adhesions. Lungs œdematous, but crepitant. *Trachea* and primary *bronchi* ossified. *Pericardium* contained 3ij. of serum. *Aorta* studded with atheromatous deposits, interspersed with a few calcareous plates. Considerable dilatation of ascending portion and arch—measuring four inches in circumference.

*Liver.*—Weight 3 lbs. 5 1-2 ounces. External surface mostly smooth, but somewhat granular around the anterior edge. Lobular structure still

visible through the capsule. Substance of a greenish-fawn color, with here and there some vascular points such as are frequently seen in or around the lobules. The tissue of the whole organ was exceeding soft and friable, particularly at posterior portion, where a small part was almost deliquescent; and closely resembled a pale-red, softened spleen, on account of the intermixture of blood. The cut and torn surface presented everywhere a granular or lobulated appearance. On examination under the microscope, it was found to be exceedingly fatty. The hepatic cells were irregular in their shape, shrunken and granular. They would hardly have been recognized as belonging to the liver. *Gall-bladder* normal. *Spleen* almost deliquescent, and small.

Weight of *Kidneys* 3 1-2 oz. each. The external surface had a somewhat granular appearance, mostly of a pale yellow or whitish color, with small vascular portions intermixed, and presented numerous shallow depressions from 1 to 3 three lines in diameter, looking like the cicatrices often seen in connection with small serous cysts, one of which was noticed. Three small yellow deposits, from 1-2 to 2 lines in diameter, resembling concrete pus or soft tuberculous matter, were seen just beneath the surface of one of the organs. At one point in right kidney was a deep cicatrix 3-4 of an inch in diameter. Here the capsule was firmly adherent, but elsewhere easily separated. On incision the cortical portion was rather light colored, and somewhat thin in places corresponding with the depressions on the surface, but not otherwise remarkable. On microscopic examination, the cortical substance was found to contain much fat, both free and contained within the cells. The tubular portion also contained granular and fatty matter.

Other organs nor remarkable.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

APRIL 9th.—*Molluscum*.—DR. BETHUNE had had another case of this affection since his late report of one.—(*Feb. 12th, 1855.*) He had never seen the disease previous to meeting with it in the first of these patients, and the close conjunction is remarkable. The last patient presents only a single tumor on one of the cheeks. The characteristic milky exudation is observed.

Dr. DURKEE saw a young lady, ten days since, who had eight or ten molluscous tumors, of the size of a common pea, upon her face, and one upon her chest. Under the microscope, the contents of these tumors were proved to be epithelial; the substance was *hard* instead of being soft, as is usual: epidermic scales and sebaceous matter were also observed. On the outer surface of one of these tumors was imprinted the form of a hair-follicle. In another, the sebaceous matter was destroyed, and the other materials only remained.

[The following cases, reported at the two next subsequent meetings, are inserted here, for the purpose of more closely connecting accounts of the same disease.—SECRETARY.]

APRIL 23d, 1855.—Dr. PUTNAM said he had had three cases of molluscum, each lasting for from three to four years, and then the tumors fell off. Occasionally, these tumors will grow red, and a fluid resembling pus will form; a scab subsequently forms. Dr. P. believes that none of the tumors



seen here have a malignant character. A child, now under his care, has from twelve to twenty tumors of molluscum upon it, varying in size from that of the head of a large pin to that of a pea.

MAY 14th, 1855.—Dr. ABBOT stated that he had a patient with molluscum, and that the disease very closely resembled that in the case lately reported by Dr. Putnam. There were from twelve to twenty tumors of the size of a pin's head, and from this upwards to that of a small pea. They were situated upon the back of the neck, the shoulders, and under the arm. They were easily destroyed by the application of nitrate of silver.

In reply to a question from Dr. J. B. S. Jackson, Dr. A. said that there was no "milky exudation," but a white, curdy substance appeared within a small orifice at the summit of many of the tumors.

APRIL 9th, 1855.—*Additional Particulars in the Case of Paralysis of the Third Right Nerve, Reported Feb. 12th, 1855.*—[Bost. Med. and Surg. Journal, April 19th, 1855.] By Dr. BETHUNE. The eye is still somewhat everted, but less so than formerly, and the patient can, by an effort, bring it quite straight. The eye is turned *directly outwards* (showing the action of the superior oblique); the dilatation of the pupil has nearly gone. The following was the order of the recovery:—*First*, The iris began to regain its power. *Secondly*, The levator palpebræ recovered its action gradually. *Thirdly*, The eye-ball could be inverted to a certain extent.

### Bibliographical Notices.

*Clinical Lectures on Paralysis, Disease of the Brain, and other Affections of the Nervous System.* By ROBERT BENTLEY TODD, M.D., F.R.S., Physician to King's College Hospital. Philadelphia: Lindsay & Blakiston. 1855. Svo. Pp. 311.

This volume comprises the lectures of Dr. Todd on diseases of the nervous system, delivered in King's College Hospital, during the last ten years. The greater part have already appeared in the London Medical Gazette, where they at once attracted much attention, both from the high reputation of the author and from their intrinsic excellence. Though lacking the system and method of a treatise, we know of no work which possesses a higher practical value on this class of diseases. The style is simple and clear, the precepts forcible and sensible, and the illustrative cases, which are numerous and succinctly stated, carry conviction to the mind of the reader. On the subject of treatment, we consider this work invaluable. Dr. Todd condemns the system of indiscriminate depletion, which, even in these enlightened times, prevails much too widely. He shows that a large number of cases presenting cerebral symptoms are accompanied by too small an amount of blood in the brain, and are likely to be aggravated, rather than benefited, by abstraction of the vital fluid. As an illustration of this, we quote the following remarks on the treatment of apoplexy.

"There is a practice, unfortunately too common, but which, I think, is every day becoming less common—namely, following an attack of apoplexy by depletive measures, very much as a matter of course. However applicable such a mode of treatment may be to strong, young, hale and plethoric subjects, I presume no one will say that it is very well adapted to patients who have passed the meridian of life, whose blood and tissues are more or less contaminated by morbid matters, and with whom a morbid state of the arteries of the brain has already greatly weakened the nutrition of that or-

gan. The case, indeed, which I have just detailed to you, is one of many which proclaim loudly that a depletory system ought not to be pursued indiscriminately, or even generally, in apoplectic cases."

"Let me add, that it sometimes requires the exercise of no small courage and self-possession to resist adopting that practice; for the popular feeling, led by a formerly too prevalent medical practice, is entirely in favor of it, and would readily condemn a practitioner as guilty of the death of his patient who suffered him to die unbled. It is a far more dashing and courageous thing to open a vein on the spot, and in the presence of a number of anxious friends, than to adopt less showy, and apparently less active, measures."

We feel that we can hardly say too much in praise of this valuable work, which we could wish in the hands of every practitioner of medicine. The appearance of the work is highly creditable to the publishers. It is for sale in Boston by Messrs. Ticknor & Co.

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"*Search out the Secrets of Nature.*" The Annual Discourse before the Massachusetts Medical Society, at Springfield, June 27th, 1855. By AUGUSTUS A. GOULD, M.D. Pp. 56.

This discourse is a most seasonable and appropriate production. Appropriate, in that it sets forth with singular clearness, and in elegant language, the true province and duties of the physician; seasonable, it would be, at any time;—never more so than at present, when the not always wise curiosity of the public mind leads laymen to dabble in therapeutics, frequently to their serious detriment; and when also, the profession at large have so nearly escaped from the shackles of that routine practice which could see no good in anything but drugging the disordered system. To practitioners, the writer holds up the motto, at once so noble in itself and so safe in its guidance, "*Natura duce*;"—may its blazon never be less!

Remarkably conversant with the revelations of "Nature" in most of her varied and deeply interesting aspects, and with mature experience as a physician, we know of no one who could more fitly than our author adopt and elucidate the theme of this address. It is not, we venture to say, an easy task so to set forth the subject as that it shall not be misunderstood. When the admirable collection of papers entitled "*Nature in Disease*" made its appearance, many unprofessional readers gave to certain passages an interpretation which we knew to be quite foreign to the intention of the learned author. It was not an infrequent remark to us, "Well, doctor, we shall do without medicine now, it seems;"—and, "So, 'your occupation's gone,'" &c. Sometimes these commentators could be set right; often, not so: thus good and evil have been effected.—"*Sed magna est Veritas et prævalebunt!*"

Whoever will regard the whole scope of Dr. Gould's address, with its caveats, will not accuse him of distrust in medical science, or in the efficacy and importance of drugs; he has, so far as it could be done within the limits of a brief discourse, explained how far Nature can be trusted, and when, and why, she cannot effect a cure.

"Nature, therefore, cannot be left entirely to herself: it is for Art to stimulate, restrain, and guide her efforts, and to interfere whenever they are deficient, excessive or wrongly directed."—(P. 17.) We wish our author had said (as he could say), with a view to the enlightenment of the public, what the relation of the physician is *to them*; the world at large are too apt to look upon the medical man as a *dernier ressort*, an awful aggregate



of leeches, lancet, and pills, and whose manipulations they must avoid, if they *can live* without them, and to which they fear they will succumb if they encounter them. Now if some one would undertake the almost desperate task of patiently endeavoring to convince people that the honest physician is indeed their best friend in illness, a counsellor, to give early advice and forestall urgent disease, instead of a forlorn hope to be called upon when presumptuous neglect or tampering has brought them within the very jaws of impending death—it would be a real boon conferred upon both patients and their medical attendants.

We find one illustration so apt, that we insert it here.—“He (the physician) may be compared to the pilot. If the vessel is on its proper course, with a steady wind, as it often is for hours and days in succession, what necessity or propriety is there in constantly agitating the helm this way and that? *So the physician must be on hand, and vigilantly watch the aspect of his patient and the course of the disease*—quiet, if he is satisfied that all goes right; ready and prompt to interfere if anything goes wrong.”—(P. 19.)

We have italicized a portion of the sentence, because it so well illustrates the office of the physician, which is that of a careful watcher or sentinel more than that of a combatant, in which latter capacity, however, we all in many emergencies find ourselves, and when even those most skeptical in, or wholly unacquainted with, medicine, see the necessity of the promptest and most skilfully directed action.

That indiscriminate drugging and polypharmacy are both senseless and very injurious, we believe has been, for a long period, fully admitted; yet we do not class ourselves with those who seem to have no faith in medicinal agents; while the list of actual *specifics* is but very small, we think that remedies of well-known efficacy should not be lightly laid aside, or, what is quite as objectionable, resorted to without any confidence, or even hope of benefit. If the patient see that his physician appears to place no reliance upon what he gives, the result will be, almost certainly, null, or even injurious. Dr. Gould thus remarks concerning drugs:—

“Drugs, in themselves considered, may always be regarded as evils; for, though they may benefit some organ or function, they must almost necessarily affect some others injuriously. They are to be avoided, except when they are the less of two evils—when they induce a tractable instead of a troublesome affection, or accomplish some object without which great harm would ensue.”—(P. 21.) A judicious verdict upon the malefactors! We concur, but beg to put in a demurrer on a certain point. Should drugs be stated to be “always” evils? Is it absolutely certain that they always, “almost necessarily” do injury to the organs on which they immediately act, or to others more remote? We are no advocates, as will have been seen by our previous remarks, for drugging, but we do believe that a “masterly inactivity,” while in many cases it is just the thing, in more instances than is suspected, admits the enemy by the breaches.

Nothing of this we believe can attach to our author, who, though he leans to proscription rather than prescription of medicines, yet avers that we must not only select remedies that will tell on the particular disease or symptom, but likens treatment by inadequate doses (having in mind, we opine, the so-called-infinitesimal doses) “to an attempt to batter down the walls of Sebastopol” with “a thimble-ful of gunpowder;” and, while referring to the preponderance which (and we entirely agree with him) should be given to proper diet and hygienic measures, avows his “full faith in the

value of medicines when judiciously administered.”—(P. 24.) One more extract and we must conclude our imperfect analysis of this eloquent, sound and most practical address. “By a competent knowledge of the properties of the articles of food and drink, and their effects on the living organism, we may at least co-operate with nature, if we cannot wholly dispense with drugs.”—(P. 25.)

While those who had the good fortune to hear this discourse from the lips of the speaker will gladly refresh their recollections by a perusal of it in its present neat dress, the many absent members of the profession will eagerly seek it, and be amply rewarded.

A number of well-written obituary notices are appended. Several of those removed by death from the ranks of the Massachusetts Medical Society during the past year, were very highly distinguished by their professional attainments, and had won the esteem and affection of a large circle of associates.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 16, 1855.

### ACKNOWLEDGMENTS FROM PATIENTS TO PHYSICIANS.

MESSRS. EDITORS,—Under the head of “Acknowledgments from Patients to Physicians” in your last number, you made some remarks upon which I wish to say a few words.

I cannot think that the charge of ingratitude upon the community generally, or on the majority of patients individually, is well founded. It is true that physicians are not the objects of elegant testimonials, services of plate, gold-headed canes, and other articles, with which people see fit, in these latter days, to reward the faithful services of police-men and railroad conductors. And I rejoice that they are not thus treated. Such presentations have come to be merely the reward for common honesty, for the faithful performance of duty, and are not to be desired by those who acknowledge the sacred character of those obligations, who would rather blush to think that the uprightness from which they could not swerve, needed any reward.

Gratitude, in whatever form it expresses itself, is sweet; and no one would feel hurt at the spontaneous exhibition of it by the friend whose pain he has relieved, or whose life has been saved by his efforts. It is, next to the approbation of conscience, the chief compensation for our trials. But I believe that the modesty which is generally found with the highest worth—such as it is with our respected friend, whose late return has called forth your remarks—shrinks instinctively from public demonstrations of gratitude. The sensitiveness of real desert dreads the parade of its merits; and the more so, as suspicions of the spontaneousness of the tribute paid will creep into the mind when the tribute is offered by a community.

But I am forgetting the clause in your remarks which particularly stimulated me to reply to it. It was your reference to clergymen—to the much injured clergy. Much injured, because they are so often settled upon salaries which will not furnish them with the necessities of life, and promised a supply of the deficiency by the bounty of their parishioners! Their independence is lost, they are made beggars by the position in which we



place them, from the moment they enter upon their theological studies; they are taught to receive, as the result of devout charity, their daily bread from the hands of men who fancy themselves laying up treasures in heaven by this sort of alms-giving; they are expected to look upon their rich parishioners as their great benefactors. And the man must be noble indeed, who does not, in such a position, become a fawning sycophant upon those whose guide and spiritual director he was intended to be.

The laborer is worthy of his hire. We cannot be too thankful that we have our reward in grateful hearts, or in the fair equivalent in money for our services. Let us not attempt to confuse them. Take the just payment of fees for our labor, and welcome every demonstration of gratitude which the warm hearts of friends bestow. But let us not encourage the doling out of gratitude by weight and measure. Such service as a physician often renders, cannot be paid for in money. The pecuniary return is but the conventional arrangement for giving us our required portion of the necessities and comforts of life; it has no connection with the heart's emotions. Let us not confound them together. Let us rejoice that we are not paid with "donation parties;" that we are not required to consider ourselves the favored dependents on a circle of patients, who call upon us for gratitude in return for the support they give us. Let us not take any step to throw away our independence. \*

[We cheerfully publish the foregoing remarks, elicited by an editorial article referred to,—and the more so, that it enables us to rectify what we believe to be a misunderstanding of our ideas by an esteemed correspondent.

While we maintain that our assertion is correct, as to the recognition of the physician's services by the community at large, in modes which have become so usual towards the other professions, we are no more desirous than is our correspondent, of receiving "services of plate," or a "gold-headed cane," albeit the latter was formerly the indispensable *Vade Mecum* of every respectable son of *Æsculapius*! Nor did we intend to place the profession precisely upon a par with "policemen and railroad conductors," although the vigilance of the one and the *straightforwardness* of the other are qualities commendable in our calling as well as in theirs; the community, however, in general having a far truer appreciation of it in them.

We would repudiate the idea that "common honesty" must be always specially "rewarded," and have never yet been able to discover why commanders of ocean steamers have always been thought quite neglected men unless they received a service of plate for doing nothing but arriving with their vessel, and exercising common politeness to their passengers on a voyage absolutely remarkable in nothing but its brevity, and which latter was to be ascribed to a smooth sea and well-working machinery.

Our correspondent can hardly, we believe, set us down to be gift-seekers, merely because we maintain that occasional recognition of professional services, in other ways than by pecuniary recompense, is gratifying, while it is confessedly rare. Moreover, we quite distinctly referred to the pleasure experienced by demonstrations of gratitude, which, in itself, is often far more acceptable than money. There are no rules without exceptions; we were insisting that, by the vast majority of patients, the physician's attentions are regarded too much in the light of mere mechanical operations, for which the fee is enough of a return, and, in some instances, a favor into the bargain!

The physician who could not, in his circle of practice, point out very

many who are quite the antipodes of such as are above referred to, would be indeed unfortunate. We are happy in being able to render favorable testimony upon the point at issue; and must ask our correspondent to give us some little credit for an "instinctive shrinking" from "public demonstrations of gratitude." We rather referred to that "sweet gratitude" which expresses itself delicately, if only in words or by a look; whose manifestation is, to us, far more cheering and beautiful, when made by the simple gift of a flower, or of a ring drawn from her own finger, by a dying patient, and sent to her physician with a parting blessing—than by all the "elegant testimonials" ever *publicly* rendered. Public recognitions of medical services are appropriate only in the case of quite advanced and deserving men, and should ever be the "spontaneous" offering of the community in which they dwell, and never drawn out, painfully, by the subscription-paper process. It certainly is a very pleasant thing to have many individuals, at nearly the same time, feel a desire to show an appreciative attention to a long-tried medical friend, especially if his toils have been, of necessity, but ill requited.

We fully agree with our critic in reference to the miserably small salaries of clergymen, and think it a duty we owe to them, as a body of men watchful for our highest interests, to put them quite above the reach of earthly anxieties. Many of them are mere slaves—even more so than physicians; and we despise the calculating meanness which, in some cases, cuts down the minister's salary to the very lowest estimate; it is too much like letting out *a job of work* to the cheapest bidder!

Far, then, from "encouraging the doleful out of gratitude by weight and measure," we hold to its highest interpretation, and have long since learned that "the pecuniary return is but the conventional arrangement for giving us our required portion of the necessities and comforts of life;" and that "it has no connection with the heart's emotions."

While we are most happy to acknowledge the claims of the clergy to that higher rate of provision for earthly comforts they so well deserve, we wish we could record in their favor the renunciation by them of that marked proclivity to encourage medical pretenders, which, while it must inevitably, at some period, injure them, personally, or in their families and friends, throws the weight of their influence against a profession whose members have ever been ready to render them their best attentions, without even a wish for any pecuniary return.

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#### THE IGNATIA AMARA.

In our last volume (p. 153), we published a communication relative to the dangerous character of this remedy, and the injury likely to result from its extensive use as an ingredient in a quack medicine, which will probably be swallowed, to a considerable extent, by our credulous people. Had Butler lived in these days, he would not have said

"The pleasure is *as* great,  
In being cheated *as* to cheat."

No one who knows the extent to which quack medicines are sold, doubts that the pleasure is vastly *greater*, especially when the thousands who are cheated are compared with the hundreds who cheat. We are again called upon to notice this subject by the appearance of a pamphlet setting forth the virtues of the "Ignatia Amara Pills." The writer pretends to have been indebted to "Hill's well-known Family Herbal" for his acquaintance with this powerful agent; but if he had looked into any work of standing



on the materia medica, he would have been put in possession of all its properties. We need but remind our readers, that, as stated by our correspondent, the active principle of the bean of St. Ignatius is *strychnia*, of which it contains thrice the quantity found in the *nux vomica*. Of course, if these pills really contain this dangerous ingredient, they cannot be used as a popular remedy without danger. The probability is, however, that the *ignatia* is used only as a name to facilitate the sale of the article, and that the pills are inert.

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RESIGNATION OF DR. JACOB BIGELOW.

WE regret to announce the resignation of Dr. JACOB BIGELOW, as one of the physicians of the Massachusetts General Hospital, with which institution he has been connected for nineteen years. Notwithstanding the pressing demands of a large and successful practice, and those of his situation as professor of materia medica and clinical medicine, in the College, not to mention his extensive literary occupations in medicine and other departments of science, he has always been distinguished for the faithful and conscientious discharge of his duties at the Hospital. The numbers of our profession who have been his pupils, will long remember his patience and zeal in the investigation of morbid phenomena, his skill in the treatment of disease, the sound and valuable instruction which he freely imparted to all who sought it, and his kindness and consideration towards his patients.

At a meeting of the Trustees of the Hospital, last week, Dr. AUGUSTUS A. GOULD, was unanimously elected to supply the place left vacant by Dr. Bigelow's resignation. We believe that a more fortunate selection could not have been made, either for the interests of the Hospital or for those of the profession.

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BOYLSTON MEDICAL PRIZE QUESTIONS.

THE connection of the successful competitor for this prize with the editorial department of the *Journal*, may seem to suggest the propriety of our making no allusion to the subject of the decision of the Boylston Medical Committee for this year. It has always been customary, however, to announce the name of the fortunate candidate, and we see no reason for withholding from our readers the fact that a premium of one hundred and twenty dollars, or a gold medal of that value, was awarded to WILLIAM W. MORLAND, M.D., for the best dissertation on the subject of The Diagnosis of the Diseases of the Urinary Organs. We refer our readers to the advertisement on our last page, for the subjects for the next, and succeeding years.

F. M.

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*Dr. J. Y. Simpson's Obstetric Work.*—Dr. H. R. Storer has mentioned to us that a few copies of Vol. I. of the Edinburgh edition of the above work are on sale at Messrs. Little & Brown's store. Price, per volume, \$4.50; being only a small advance on the cost in Edinburgh.

The American edition, which we learn is to be in the best style of Lippincott, Grambo & Co., is rapidly progressing.

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*Deaths in Boston* for the week ending Saturday noon, Aug. 11th, 105. Males, 54—females, 51. Accidents, 4—bronchitis, 1—inflammation of the brain, 3—disease of the brain, 1—congestion of the brain, 3—consumption, 13—convulsions, 6—cholera infantum, 18—croup, 1—dysentery, 13—dropsy, 1—dropsy in the head, 4—debility, 1—infantile diseases, 9—disease of the spine, 1—erysipelas, 1—typhoid fever, 1—scarlet fever, 1—killed by drinking alcohol, 1—hooping cough, 2—disease of the heart, 1—disease of the liver, 1—marasmus, 5—measles, 1—palsy, 2—suffocation, 1—smallpox, 1—suicide, 1—teething, 3—thrush, 2—unknown, 2.

Under 5 years, 63—between 5 and 20 years, 11—between 20 and 40 years, 15—between 40 and 60 years, 8—above 60 years, 8. Born in the United States, 82—Ireland, 16—England, 3—British Provinces, 4.

*The Physician.*—Here is a tribute, well-deserved, to a profession to which society owes a vast debt :—

“No class of men in the regular discharge of duty, incur danger more frequently than the honest physician. There is no type of malignant maladies with which he fails to become acquainted ; no hospital so crowded with contagion that he dares not walk freely through its wards. His vocation is among the sick and dying ; he is the familiar friend of those who are sinking under infectious disease ; and he never shrinks from the horror of observing it under all its aspects. He must do so with equanimity ; as he inhales the poisoned atmosphere, he must coolly reflect on the medicines which may mitigate the sufferings that he cannot remedy. Nay, after death has ensued, he must search with the dissecting knife for its hidden cause, if so by multiplying his own perils he may discover some alleviation for the afflictions of others. And why is this ? Because the physician is indifferent to death ? Because he is steeled and hardened against the fear of it ? Because he despises or pretends to despise it ? By no means. It is his especial business to value life ; to cherish the least spark of animated existence. And the habit of caring for the lives of his fellow-men is far from leading him to an habitual indifference to his own. The physician shuns every danger but such as the glory of his profession commands him to defy.”

*Congress of Dentists.*—The American Congress of Dentists met in Philadelphia August 2, and delegations from all parts of the world are attending it. The sessions thus far have been private, and devoted to business entirely, but the future sessions will be open to the public. Among the subjects for discussion will be, the propriety of administering chloroform to patients.

*Antiseptic Properties of Cotton.*—Two German chemists, MM. Schröder and Dusch, have recently made the remarkable discovery, that air filtered through cotton loses its property of inducing putrid fermentation in dead organic matter. A substance capable of fermentation was placed in a glass globe hermetically sealed, by a cork stopper covered with wax, through which passed two tubes, one communicating with the filter, the other attached to a gasometer, which could be emptied of the water contained in it by a stop-cock. The water being allowed to flow in drops, the vacuum in the gasometer was filled by air from the globe, which must pass through the filter of cotton. Boiled beef and soup remained unchanged in this apparatus for several weeks.—*Gazette des Hopitaux.*

*Accidental Poisoning.*—A correspondent (Dr. J. H. Blake, of North Auburn, Me.) mentions a case of poisoning by arsenic, which occurred lately in his practice, the mineral forming an ingredient of the coloring matter used for staining paper. A child was taken sick after chewing a green pasteboard show-card. An active emetic was administered immediately, and the boy was well the next day. On examination, it was found that the card was painted, or enamelled, with a preparation of arsenic.

*Milk an Article of Food, not a mere Beverage.*—This has been determined legally the other day by the Court of Cassation in Paris, and its decision is in accordance with sound physiological principles. After this, the person who adulterates milk, no longer commits a simple contravention of the acts of police, with a penalty of 15 francs fine, and imprisonment of from 24 hours to 8 days ; he now may be found guilty of a misdemeanor, and punished with a fine of 50 francs, and imprisonment of from three months to a year.—*Gazette des Hopitaux.*

*Prevention of Abdominal Typhus by Vaccination.*—M. De Gressot has communicated to the Academy of Medicine some remarks upon the probable consequences of the connection established by some medical men between small-pox and typhus fever. He asks if, admitting this connection to exist, it is not desirable to attempt the prevention of the eruption on the intestinal mucous membrane by vaccination, performed upon some accessible point of its surface, in the same manner as the cutaneous eruption is combated by vaccination practised on the skin.—*Gazette Med.*

It has been proposed to add tartar emetic to the phosphorus paste employed in making friction matches, in order, by inducing vomiting, to prevent the accidents which sometimes occur to children from eating them.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## ON THE RHYTHM OF THE HEART OF THE FŒTUS IN UTERO, AND OF THE INFANT AFTER BIRTH.

BY FLEETWOOD CHURCHILL, M.D., M.R.I.A., FELLOW OF THE KING AND QUEEN'S  
COLLEGE OF PHYSICIANS IN IRELAND.

HAVING lately undertaken some investigations into one or two points connected with the foetal circulation, I shall lay a brief summary of the results before the profession. It is to the kindness and courtesy of the late Master of the Rotundo Hospital, Dr. Shekelton, that I am indebted for most of my opportunities for research; and it gives me great pleasure thus publicly to return my warmest thanks to him and to his able and intelligent assistants, Dr. Sinclair and Dr. Atthill, for their active and careful co-operation.

No doubt the rhythm of the foetal heart, and that of the infant after birth, as compared with that of the adult, is but a very small portion of the information to be obtained by a stethoscopic examination; but we must remember how much has been settled by preceding observers, and recorded in different publications; and I should think it a very unreasonable thing in me to attempt even a recapitulation of the present state of our knowledge upon the subject. But, so far as I can discover, comparatively little attention has been paid to the character and rhythm of the double sound of the foetal heart. I have carefully consulted the authors whose writings I possess, and I have examined the historical sketch prefixed to the admirable work of M. Depaul; and from the discovery of the pulsations of the foetal heart by the stethoscope by M. Mayor, of Geneva, in 1818, I find little or nothing on the exact subject of this paper stated by Kergaradec, Maygrier, Lenormaud, Foderè, Ulsamer, Lau, Haus, Desormeaux, Gardien, Ritgen, Carus, Fergusson, Naegelé, Bodson, Dubois, Monod, Winckel, Kennedy, Hohl, Montgomery, Kilian, &c., though on most other points they are full and accurate. They furnish most careful and valuable information of the position in which and the extent over which the pulsation of the foetal heart is audible; the period of pregnancy at which it is first heard; the relative frequency at different periods; the value in the diagnosis of single or double pregnancy,

&c. ; but they are defective in an exact specification of the number of sounds heard, and of their relative character and rhythm. The main points on which these authors, or the greater number of them, are agreed, and which concern our present inquiry, are the following :—

1st. That the pulsations of the fœtal heart range between 120 and 160 per minute ; that they have been observed so low as 90 (in the normal state, when influenced by ergot, they may be much slower), and as high as 190 or 200. The average is probably about 136, as M. Naegelè, Jun., found, judging from 600 cases.

2nd. That “the beat is double”—but it is not generally specified whether the writer meant, as I suppose, that the “double beats” amount to 240 and upwards ; and from some incidental expressions their meaning might seem doubtful.

3rd. The “double beat,” or, more correctly, the double sound of the heart, is described by some as “short, quick, and regular ; and by others likened to the ticking of a watch under the pillow. Kilian speaks of the “double pulsations” succeeding each other with the greatest rapidity.

4th. Very interesting observations have been recorded as to the fluctuating rapidity of the fœtal pulsations ; as to the relation between their force and the strength of the fœtus ; as to the extent of space in which they are audible ; and the effect of the evacuation of the liquor amnii upon their intensity. On the former of these subjects there is but little difference of opinion, but on the latter a very wide one—Kilian believing that the pulsations are more distinct after the evacuation of the liquor amnii, and others that they are less so.

One writer there is, however, whose work is at once the fullest and the most minute, I mean M. Depaul, who has entered into the question of the double sounds and their rhythm with more detail ; but as I have been obliged to differ from his opinion in one point, I have reserved my notice of his work until stating the results of my own observations.

But I would premise one or two remarks :—1. I use the term “pulsation of the heart” to signify its single action, just as we speak of the pulse meaning a single vibration ; and for what has been termed its “double beat,” “double pulsation,” I substitute “double sound.” 2. By the rhythm of the heart’s action, I understand the relation of time which the two sounds bear to each other, and to the entire period occupied by a pulsation. 3. By way of establishing a standard of comparison, both as to the rhythm and the relative force of each sound, and also as a guide to the determining which is the first, and which the second sound, I beg attention to the following extract from the last edition of Dr. Carpenter’s *Treatise on Human Physiology*. He observes :—“When the ear is applied over the cardiac region, during the natural movements of the heart, two successive sounds are heard, each pair of which corresponds with one pulsation ; there is also an interval of



silence after each recurrence, and the sound that immediately follows this interval is known as the *first* sound, the other as the *second*. The *first* sound is dull and prolonged; it is evidently synchronous with the impulse of the heart against the parietes of the chest, and also with the pulse as felt near the heart; it must, therefore, be produced during the *ventricular* systole. The *second* sound, which is short and sharp, follows so immediately upon the conclusion of the first that it cannot take place during the auricular systole, as some have supposed, but must be assigned to the first stage of the ventricular diastole, when the auricles are also dilating. With regard to the relative duration of the two sounds, and of the interval, widely different estimates have been formed. Thus, Laennec considered the lengths of the periods of sound and silence to be respectively three fourths and one fourth of the interval between one pulse and another; by Dr. Williams, and by Barth and Roger, the relative lengths of these periods have been estimated at two thirds and one third; whilst the recent experiments of Volkmann (made by adjusting two pendulums to vibrate precisely in the two periods) indicate that they are almost precisely equal." He adds in a note: "The difference between these two sounds is well expressed (as Dr. C. J. B. Williams has remarked) by articulating the syllables, *tubb, dup.*"

Now, from this extract it appears that when the two sounds follow each other quickly, succeeded by an interval of rest, the sound recurring next after the interval of rest is to be considered the first sound; and also, according to Volkmann, the rhythm may be expressed in figures by dividing the time which elapses from one pulsation to another into four portions, the two first representing the first and second sound, the two last the intervals of rest, thus, 1. 2. 3 4. Without entering upon the question of its absolute accuracy, it may at least serve as a general standard of comparison. Let me also observe, that I am quite aware that when this rhythmical action is changed as it may be in the adult, and as we shall see it is in infants, it may be extremely difficult sometimes to decide which is the first sound and which the second; but where it is perceived, I believe that the rule laid down by Dr. Carpenter may be regarded as correct.

I shall now proceed to bring forward the results of observations made upon a considerable number of women and children in the Rotundo Hospital, merely observing that the women were all in the first stage of labor; in some the pains were trivial and infrequent; in others more severe and frequent; but that in all, the examination was made during an interval of complete freedom from pain.

The situation in which the sounds of the fœtal heart are generally most clearly audible is about midway between the anterior superior spinous process of the ilium and the umbilicus, either on the left or right side, but much more frequently on the left side. If the stethoscope be applied in this situation, two sounds will be heard following each other with great quickness: the one loud,

distinct, and easily counted ; the other apparently quicker, shorter, and less loud or distinct, so that it is extremely difficult to count it ; to count both is scarcely possible, as they would amount to 240 or 280, being exactly double the number of pulsations. After examining some forty or fifty cases, I have met with but one case in which the loudness and distinctness of the two sounds were about equal ; in all the other cases they were unequal, as I have described them.

Now, which of these is to be considered the first sound ? If we are to take the analogy of the adult heart, we should fix upon the louder sound as being the first, and this is M. Depaul's opinion, who states that "the first is stronger and more sonorous than the second, which is sometimes so feeble that it is scarcely perceptible." But with this decision I cannot agree.

M. Depaul has observed, and my own observations confirm his accuracy, that "the interval which separates these double pulsations from each other is greater than that which separates the first and second sound."

Now, if Dr. Carpenter's rule be correct, as I believe, that the sound which immediately follows the longer interval of rest is the *first* sound of the heart ; then all our observations showed us that this was the quick, short, and less loud sound, which was instantly followed by the louder and more distinct *second* sound, and then by an interval of rest. After most carefully testing this opinion of M. Depaul, I can have no hesitation in stating my impression that it is incorrect, and in this I have the concurrence of Drs. M'Clintock, Sinclair and Atthill. I know of but one way of deciding this question conclusively, viz., by ascertaining with which of the two sounds the pulsation in the funis is synchronous : such a test would of course be difficult, and require great delicacy of observation, on account of the rapidity with which the two sounds succeed each other ; but if it were accurately performed, it would be conclusive. Drs. M'Clintock and Hardy are the only authors, as far as I know, who have remarked that the pulsation of a prolapsed funis corresponds to alternate sounds of the heart, but, unfortunately for my present purpose, they do not specify with which of the sounds it is synchronous. I venture to hope that some who may have the opportunity will not allow much time to elapse before they furnish us with information on this point.

Although my observations differ from those of M. Depaul, as to the first sound of the heart, I agree very nearly with him as to the rhythm. To my ear the two sounds of the heart follow each other instantly in almost all cases, and are succeeded by an interval of rest, about equal to the duration of the two sounds ; in fact, the rhythm is nearly that of the adult heart, and may be expressed as 1·2·3·4 ; if there is any difference, it appears to me that the interval between the first and second sounds is relatively less than in the adult ; but the difficulty of speaking precisely about such momentary occurrences will be easily understood.



Again, we found some differences in different patients, as was to be expected ; but it was remarkable that the second or loud sound seems more permanent in its characters and less subject to change or variation than the first or weaker sound. When the interval between them was longer, and the two sounds unusually distinct, it did not appear to us that the variation was due to a change in the second sound, but in the first.

Lastly, whilst we found that we could distinctly hear the two sounds over the situation of the fœtal heart, we observed the greatest difference as to the extent to which each was audible over the abdomen. What I have called the first sound, in the majority of cases could not be heard more than three inches in any direction from the situation of the fœtal heart ; the second sound, on the contrary, was audible to a very considerable distance, and in all cases was easily counted alone. From the experiments we made, I am convinced that in many of our investigations as to the existence of pregnancy, we have heard only this sound, and that, being satisfied with it as a sufficient evidence of that condition, we have either mistakenly coupled together two of these second sounds for the "double beat," which would justify the comparison to the ticking of a watch or the rhythm of the infantile heart ; or, assuming that the sounds must be double, we have multiplied this sound by two (without hearing both), which will undoubtedly give the correct number of sounds per minute.

At the time that I was making the foregoing investigations in the Lying-in Hospital, it occurred to me to compare the sounds of the fœtal heart with those of the infant shortly after birth ; and this inquiry I have carried to a considerable extent, both in the Hospital and among my private patients. I found that the rhythm of the sounds of the heart had quite changed, even in a baby an hour or two old. The two sounds were of equal strength and loudness, and divided the period of each pulsation equally, i. e., the rhythm was now 1·2 3·4. The second sound seemed much the same as before, somewhat louder, because heard under more favorable circumstances, but the great change seemed to be in the first sound, in its intensity and duration, and in the interval which divides it from the second sound. Except that the sounds are louder, they might now be pretty accurately compared to the ticking of a watch, and only that we can time them by the pulse, it might be very difficult to decide which is the first and which the second sound. Even as it is, it is not always easy, for the pulse at the wrist of a newborn infant is not always perceptible.

It now became an object of interest with me to ascertain how long this peculiarity of rhythm continued, and at what age it assumed the characters of the adult rhythm. I have taken every opportunity since of examining the hearts of infants of all ages. In all the cases yet examined under a year and a half old, I have always found the infantile rhythm : the sound equally loud, equidistant, and the intervals equal. In one child, a year and ten months

old, the two sounds had evidently approximated, and the first sound was the longer and stronger. At 3 years of age, the two sounds have in all cases had the character and rhythm they present in the adult.

These are the results of my investigations up to the present time; whether they may be confirmed or corrected by other observers, or whether they may be of any and of what physiological importance, time alone can show. If they are correct, it will be satisfactory to have even a small addition to our knowledge; if they are erroneous, I shall be the first to welcome their overthrow. I think it would be quite premature at present to attempt any explanation of the phenomena I have noticed; I am far more anxious to make sure of the facts; and my especial reason for bringing the matter before the profession so soon, is the hope of engaging others to test most carefully and rigidly the accuracy of my observations. Instead, therefore, of any theoretical explanation, or physiological or pathological inferences, I shall conclude by simply enumerating the deductions which my observations seem to me to justify.

1. That the pulsations of the fœtal heart range from 110 to 160 per minute, the average being somewhere about 136, and the audible sounds double, therefore ranging from 220 to 320.

2. That of the two sounds, the first is the weaker and less distinct; the second loud and distinct: the first audible only within a short distance of the fœtal heart; the second over a considerable extent of the uterine tumor.

3. That the rhythm may be expressed by dividing the entire period of a pulsation into four parts, and placing a dot at the right of the figures, according to the succession of the two sounds, as 1· 2· 3 4, and an accent over the louder sound.

4. That immediately after birth, the first and second sounds of the heart become equally loud and distinct from an increase in the first sound.

5. That the rhythm changes, and may be expressed thus 1· 2 3· 4.

6. That this peculiarity of the rhythm continues for about a year and a half, and then gradually changes to that of the adult, expressed thus: 1· 2· 3 4, with the first sound stronger and louder than the second.

March, 1855.—I have taken every opportunity of investigating this subject since the foregoing was read before the Dublin Obstetrical Society (in Jan., 1853), and I find no reason to alter the opinions therein expressed.—*Dublin Quarterly Jour. of Med. Science.*

#### ON THE IMPORTANCE OF ESTIMATING THE AVERAGE DURATION OF DISEASE.

BY FRANCIS MINOT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

A CORRECT estimate of the average duration of acute disease when uninfluenced by active medical interference, is of great importance



in determining the value of the treatment employed in any particular case. The want of such an estimate is one reason why so great a variety of remedies are vaunted by different practitioners in the cure of certain maladies; for when a disease has a tendency to run a certain course, the method employed often gets the credit of the cure which should be awarded to the natural tendency to restoration inherent in the system. The difficulties in the attainment of such an estimate are often very great. The physician, especially if he have an exaggerated idea of the powers of his art in the curing of disease, naturally feels a reluctance at trying the *experiment* of trusting his patient to the unassisted efforts of Nature; and even when the case is thus left to itself, there are certain conditions, such as the age, temperature, and circumstances of the individual, the character of the epidemic, the season of the year, and many other considerations, which must be taken into the account, in judging of the average duration, no less than the prognosis of the disease. Another difficulty arises from the impossibility of always ascertaining the exact commencement and termination of the affection.

Acute pneumonia is a disease, which, when uncomplicated, usually runs a definite course, and is easily diagnosticated; it would seem, therefore, to be peculiarly appropriate for investigations of this nature. The object of this paper is to invite attention to the subject, and to urge upon practitioners the importance of making careful observations upon cases of pneumonia, especially with regard to the duration, when the disease has not been subjected to much active interference, as the first step towards arriving at the best method of its treatment. In this inquiry it is of importance to note the age, sex, and previous health of the patient; the hygienic influences which surround him; the supposed cause of the attack; the extent of the disease, especially whether it be single or double; and its complication with other affections, or the reverse. The commencement of pneumonia is generally sufficiently marked by pain, with shivering and other constitutional disturbances, though in some cases, especially when it is the sequel of other maladies, its approach is so gradual that the moment of invasion is with difficulty determined. Its termination is much less easily ascertained. It is, in fact, impossible to say at what precise time the disease may be said to be finished, so gradual is the transition from a morbid condition to the healthy state. Indeed, according to Grisolle, after patients are apparently well, and able to resume their usual occupations without inconvenience, the majority of them have more or less cough; and a careful exploration of the chest proves that the lung has not entirely recovered its permeability. It becomes necessary, then, in making our observations, to fix upon some arbitrary point during the convalescence, as the period of recovery. That adopted by M. Louis (in his *Researches upon the Effects of Bloodletting in some Inflammatory Diseases, &c.*), is the time at which the patient begins to take some light nourishment, three days, at least, after the febrile action has ceased, although, in some

cases, before the local symptoms have disappeared. The same period is adopted by Grisolle, and also by Dr. James Jackson, in estimating the effects of bloodletting and tartarized antimony on the duration of pneumonia, in his appendix to Dr. Putnam's translation of Louis's work.

I would not be understood as recommending the physician to abandon all treatment in cases of pneumonia, in order to study the natural history of the disease. We believe that in many cases the duration may be abridged, the sufferings of the patient alleviated, and his life saved by active medical treatment. Yet there are many other cases in which there is no indication for active interference ; where the only remedies required are such as cannot be supposed to shorten the period of sickness, although they may contribute much to the comfort of the patient. The recorded observations of such cases would be a valuable addition to our knowledge, by affording a basis for investigations of the effect of remedies. The following case may, perhaps, with propriety be subjoined, as an instance of rapid recovery of pneumonia, without active treatment.

Thomas Selden, a negro boy, aged 14, apprenticed to a tailor, had always enjoyed good health, and had not been particularly exposed to cold, though he had been in the habit of sitting on the curb-stone of the sidewalk during the evening, the weather having been warm for a few days before his illness. On the evening of May 14th, 1855, he was attacked with pain in the side and cough, with sweating. He was first seen on the 18th. At this time I found him lying in bed, with a hot, dry skin, and a pulse of 96. The tongue was moist, with a brownish coat. There was a frequent cough, causing great pain in the right side, as did also a long inspiration. The cough was accompanied by tough, gluey, bloody expectoration. The lower two thirds of the right chest were dull on percussion, and in the same region was an abundant fine crepitant râle, with distant bronchial respiration. On the left side the physical signs were normal. There was no appetite ; moderate thirst ; no sleep, on account of the pain and cough. He was ordered some spirit of nitrous ether, with solution of acetate of ammonia, a sinapism to the chest, and Dover's powder at night.

The next day (19th) he was better, though the pulse continued the same. The râles were rather larger, and the bronchial respiration more distinct. He had expectorated about four ounces of orange-colored, gluey sputa in twenty-four hours. On the 20th he was sitting up, at the time of the visit, and took some broth. His medicine was omitted. On the 22d, after sleeping well, he had an excellent appetite. The percussion was still dull in the lower right back, and there was a mixture of coarse and fine râles during inspiration, with occasional distant bronchial respiration. He expectorated, in twenty-four hours, two ounces of colorless sputa, the lower part being adhesive, the upper watery and slightly frothy.

On the 23d his pulse was 64, and he had beefsteak ; on the



24th he walked out. His pulse on the 25th was at 60. There was still some dulness on percussion in the lower part of right back, and the respiratory sound was feeble, and occasionally tubular. There were no râles. The voice was somewhat resonant in the same place. I was called to him again on the 5th of June, and found him complaining of cough, pain in the side and sweating. He had exposed himself to cold while fishing. He was ordered quinine, oxide of zinc at night, and a stimulating plaster to right back. He recovered perfectly in a few days.

This boy may have been considered convalescent on the 23d, *nine* days after the attack, although he had some return of the symptoms twelve days afterwards, in consequence of an imprudent exposure. Evidently the shortness of the case could not be ascribed to the remedies taken. According to Grisolle, in forty-five cases which terminated favorably, convalescence commenced on an average at about the *tenth* day; it is remarkable, however, that this eminent authority does not treat specially of the duration of pneumonia. In thirty cases reported by Dr. Jackson, the average period was a little more than thirteen days. The average given by Louis is much larger. In these estimates no distinction is made by the writer of this paper respecting the age and condition of the patients, or the treatment employed. Until the average duration of a considerable number of cases, uninfluenced by active interference, is obtained, the treatment of pneumonia must remain to some extent unsettled.

#### MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO IV.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

[Communicated for the Boston Med. and Surg. Journal.]

##### *Fracture of the Base of the Brain.*

G., AN American, aged 48, of intemperate habits, fell about his length backward down the stone steps of the Franklin House, striking his head upon the steps. He was taken up insensible, having arterial hæmorrhage from the right ear. This was between 11 and 11½ o'clock on the night of October 16th, 1850. He was carried to the House of Industry Hospital, the next morning, where I saw him at 10½ A.M.

*Condition.*—On the left side, with knees drawn up. Surface cool and feet cold. Insensible to tickling, but roused by severe pinching. Unable to answer questions. Respiration regular, 13 in a minute, and not stertorous. Pulse 50, small and intermitting. Has been bleeding from right ear and nostrils, but the hæmorrhage has stopped. There is an external scalp wound, nearly straight, horizontal, about 2½ inches long, on the right parietal protuberance, passing down to the bone, which is not, however, denuded. No frac-

ture is to be distinguished. Right eye nearly closed. Pupil about one eighth of an inch in diameter, irregular, contracting slightly when the lid is raised. Left eye perfectly closed. Conjunctival membrane congested. Left pupil larger than the right, irregular and motionless. Opening the left eye rouses him, but only to make a slight movement of the left arm and hand. There is divergent strabismus of the right eye.

October 18th, 10, A.M.—Flexors of right forearm contracted. The arm lies across his chest and is not easily extended. Right leg extended and rigid. The muscles on the right side of the body do not contract when the skin is irritated; those of the left side do, if either side be pinched. When any part of his body is irritated, his left hand seizes and pulls his penis violently. Urine and fæces are passed involuntarily. Pulse 52, regular, but small. Slight hæmorrhage from right ear. Pupils irregular and insensible to light. The pupil of right eye very much contracted; that of left about three times as large. Right eye divergent and oscillating.

19th.—Respiration 38 and snoring. No puffing of lips. Pulse 84, small and regular. Skin hot. Face rather livid and turned to the left side as he lies on his back. Eyes as at last report. Right arm across breast, and wrist strongly flexed. The muscles of the arm and leg offer less resistance than before. General sensibility more impaired.

20th, 9, A.M.—Respiration 46. Pulse 120, regular and small. Right pupil more contracted. Left eye as at last report. Discharges involuntary. No amount of irritation produces muscular contraction. The tendency of the left hand to the penis continued till last night. Died at 8, P.M.

*Autopsy* at 10, A.M., October 21st. Scalp removed. A fracture is found to extend from the right meatus auditorius about one half an inch upward, then backward, following a divided course, corresponding internally to the groove of the middle meningeal artery. There is a similar fracture on the left side. No depression. Skull cap removed. The internal fractures follow upon the skull described for the external. Dura mater on the left side raised by clotted blood underneath. Convolutions flattened. Laceration of the middle lobe of the cerebrum on the left side, in and about which there are about 3 ij. of coagula. Brain in this neighborhood soft and pasty. Elsewhere normal. After removal of the contents of skull, the following lines of fracture were seen. From the right meatus auditorius along the course of the length of the petrous portion of the temporal bone to the sella turcica, behind which it passes. A branch of the fracture passes anteriorly across the sella turcica, behind the anterior clinoid processes, and uniting with the other branch on the left of the sella turcica. After junction of the two lines, the fracture passes along the petrous portion of the left temporal bone, but just before leaving the skull, the direction is slightly downward, so that the fracture passes behind the mastoid process. The fractured sella turcica was removed



with the forceps. But for the ligamentous attachments to the spinal column, the back of the head could have been easily pulled off.

### Hospital Reports.

#### MASSACHUSETTS GENERAL HOSPITAL.

*Neuralgia*.—(Under care of Drs. SHATTUCK and STORER.) May 1st.—Mary F. left home in Nova Scotia two years ago, and has been employed as domestic in this city since—subject to more exposure to wet and cold than previously. A few days after such exposure, on an occasion about a year ago, she was attacked with soreness and pain in limbs, considered at the time rheumatism. For last six months she has done but little work, and has suffered much from a sensation of internal heat, extending to extremities, alternating with pain of severe, and, at times, shooting character. Person apparently emaciated, countenance thin, and expression of habitual bodily discomfort. Pain is now principally confined to left hip and leg and right arm, although not at all constant. No excessive perspiration, no redness nor stiffness of parts complained of. Abdominal and thoracic viscera healthy. Menstrual function natural, with exception of occasional dysmenorrhœa.

For first month she was treated mostly with tonics and cathartics. Pain continued, however, unabated, with the peculiar sensation of internal burning above mentioned, and aggravated in damp weather. Muscular soreness often followed cessation of paroxysms of pain.

May 30th.—Complained of sensation of heat extending from iliac regions down both thighs.

June 3d.—Was suffering from dysmenorrhœa, relieved by camphor and opium.

5th.—Constant uneasiness in right arm, with inability to move it freely. R. Tr. canthar., tr. capsici, p. e. to limb twice daily.

6th.—Uneasiness complained of yesterday somewhat relieved.

7th.—Made no complaint of arm, but spoke only of pain and heat in hips and thighs. Apply tr. aconite.

From this time up to 12th, pain continued very severe, and shifting from one limb to another rapidly. Veratrine ointment and a liniment of equal parts of ol. olivæ, ol. terebinth. and tr. opii were applied to the parts affected, without relief. On the 11th a blister four inches square was applied to hip.

12th.—Expressed herself relieved from pain by application, but still had intolerable burning in sacrum and hips. Gaining no relief, on the 13th tr. aconit. fort., gtt. vj., was administered three times a-day.

On 17th there was no diminution of pain, but the medicine had produced its specific effect, manifested by burning at epigastrium and tingling sensation in throat. It was therefore omitted, and potassæ iodid., gr. vj. three times daily substituted.

July 1.—Patient had not improved since last report, although the suffering had been removed temporarily by application of blisters and exhibition of narcotics. Morphine sulph. had also been applied to denuded cutis. Trial was then made of Corrigan's hammer. The disc of iron was heated until the heat was transmitted to the handle, and then applied with sharp, quick

strokes to fore-arm along course of nerves, producing much external irritation without vesication.

3d.—Said she suffered pain from shoulder and arm, but none below elbow since application.

5th.—Again relieved in fore-arm by application.

7th.—Suffered very much during night from pain in lower extremities. Electricity to spine and along limbs.

8th.—Much relieved since application of remedy. Suffered considerable shooting pain in face last night. Treatment continued.

12th.—Spoke of tingling sensation in ball of right thumb while current was passing through it, and said that three years ago a needle was broken off in that part and had never been removed. Considerable local trouble was produced by accident, but she had almost forgotten the circumstance till the peculiar sensation last evening. The thumb was found somewhat tender on deep pressure in portion complained of.

18th.—Thought she was decidedly improving under application of remedy.

22d.—Generally better, though for two hours in morning suffered extremely.

31st.—Complained only of universal soreness, for which *tr. sapon. et opii* was prescribed.

August 4th.—Complained principally of left hip. Diarrhœa of several days duration commenced at this time.

11th.—Had felt for a week or two back none of that constant heat which had been more annoying even than the pain. No pain for a week past, and very marked improvement for the last month.

Discharged by request.

J. C. WHITE, *Medical House Pupil.*

*Empyema—Paracentesis—Spontaneous Opening—Death.* CASE I.—D. O'H., an Irish laborer, 20 years of age, entered the Hospital on May 8th, under the care of Dr. Shattuck. In October, 1854, while working in an iron foundry, where he was much exposed to cold and wet, was attacked with cough and slight hæmoptysis, which, though the only symptoms mentioned in the record, were probably accompanied by others, as he was confined to the house six weeks, and was unable to work during the winter. He resumed his work for a short time in April, but his health again failing, he entered the Hospital. When first seen, he was sitting up. The cough, though slight, was reported to have kept him awake; the expectoration was serous and scanty. Tongue with a thin whitish coat. Appetite not strong. Bowels rather costive. Pulse, after examination, 104, small, regular. On examination of the chest there was found dulness on percussion over the whole of left side, with absence of the respiratory murmur, which was replaced in the supra-spinous fossa by a bronchial sound. The respiration upon the opposite side was loud and distinct. Notwithstanding the use of diuretics and cathartics, and the application of a number of blisters, the physical signs did not materially improve, feeble respiration and a mucous rale being heard only under the clavicle. The pulse continued rapid. The cough, though slight, persisted and was accompanied by the expectoration of a little aerated serum, or muco-purulent matter, at one time slightly tinged with blood.

On June 2d Dr. Perry took charge of the case, applied another blister and prescribed a pill composed of opium, squill, digitalis, and aloes, to be taken twice daily. Still there was no amendment; and on June 5th, the diseased side measured an inch and a half more than the other; the in-



tercostal depressions were obliterated; the physical signs remained the same; and some pain was felt in the affected part. Paracentesis was therefore performed by Dr. Bowditch, who removed 3xxvj. of thick pus, making use of a small exploring trocar and the air-pump. Relief was afforded by the operation; the motion of the ribs became more free; the pain diminished, and on the 9th, bronchial respiration was heard in front over the lower part of the chest—while behind, the respiratory sound had a more vesicular character. But nature had been anticipated only a short time, for, on the 22d, there formed spontaneously in the side, between the 9th and 10th ribs, an opening, from which Oj. of pus escaped. The discharge gradually diminished, and the opening closed on the 29th, but was re-placed by another, which formed two days afterwards, an inch and a half below, communicating with the first by means of a sinus. From the last opening, Oss. of pus or more escaped daily. In the mean time, though there was no marked fever, and but little pain and cough, the appetite and strength failed, in spite of the administration of quinine and stimulants, which had been substituted for the pill soon after the operation; the pulse grew more rapid and feeble; aphthæ formed in the mouth; the discharge became quite offensive, and, exhausted by it, he died on July 29th. A probe, five inches in length, did not reach the bottom of the cavity.

No autopsy was allowed.

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*Pleurisy—Paracentesis—Recovery.* CASE II.—J. W., a native of Fayal, 30 years of age, had been a seaman for 18 years. In June, 1854, while at the mines in California, was attacked, after exposure to cold, with a dry cough and sharp pain in left chest, which lasted a fortnight, accompanied by considerable fever. In September he entered a hospital in San Francisco, and remained there four months, being treated with blisters, &c. In January, 1855, he first noticed, in the left hypochondrium, tenderness and pain, the latter being increased by a full inspiration and running up along the line of the sternum. At the same time dyspnœa manifested itself, and continued until his entrance into the Hospital on June 6th. When first seen, he was sitting up, appearing quite comfortable, and with a slow regular pulse, but when in the recumbent posture he was obliged to lie upon the left side. Upon examination of the chest, the left side was found perfectly flat, anteriorly and posteriorly, and no respiratory sound was heard except at the apex, where it had a bronchial character. The intercostal spaces were more prominent than on the other side.

A blister was applied to the side, and he was ordered to take, every six hours, a pill composed of antimony gr. 1-8, calomel gr. j., digitalis gr. 1-2, opium gr. 1-3. The mouth becoming sore, in four or five days, the calomel was omitted. The blister was repeated several times. Under this treatment the quantity of urine decidedly increased, and in a few days respiration was heard lower down on the affected side, though still of a bronchial character. The amendment, however, was only temporary, for on the 30th of June the fluid again began to accumulate, and on the 6th of July the diseased side had become perfectly flat. The heart was dislocated; and bronchial respiration was heard from the apex of lung to the spine of the scapula behind, and to a point an inch above nipple in front. The sense of oppression in the chest had increased, the affected side was half an inch larger than the other, and the lower intercostal muscles were distended. There was no fever, but little cough, and slight muco-purulent expectoration.

As the strength was declining it was now thought best to resort to the operation of paracentesis, which was performed by Dr. Bowditch, who drew off, with the instrument used in the other case, Oij. of thin yellowish serum, when he was obliged to desist on account of the pain and violent cough excited by the removal of the fluid.

On the following day, respiration, nearly vesicular in its character, was heard anteriorly and posteriorly, though not at the base, and on a full inspiration a mucous rale was detected. The rale increased to such an extent that in two days it was heard over the whole chest, but, though persisting till the patient's discharge, was gradually re-placed by healthy respiration. Though the cough became somewhat more urgent, and the pain, which, previous to the operation, had been very slight or absent, increased to such an extent as to call for a sinapism many days after, the patient constantly improved until July 22d, when he raised, during a paroxysm of cough, about 3ij. of fresh blood. Tinct. opii gtts. x. and spts. terebinth. gtts. xx. were ordered to be taken every hour until relief. The hæmoptysis recurred to a small amount during the three or four following days, when it ceased. From this time the cough diminished, and he improved so much that he was discharged on August 6th, when the respiration was heard over the whole chest, still bronchial in the upper part, but more nearly resembling the vesicular than at a previous examination. A muco-crepitant rale was still heard at the top of the shoulder.

*Remarks.*—Although the character of the accumulated fluid was different in these cases, and one of them terminated fatally, the indication in each was the same, and they both show the value of the operation, which has attracted so much attention during the last few years. Nature herself was attempting, and finally accomplished, what art did much more easily. But the lung, being evidently bound down by thick false membranes, could not rise to fill the vacuum formed by the removal of the pus, which again accumulated, as the most natural product of a membrane, which had previously secreted it. The pleural cavity then formed an immense abscess, which continued to discharge until the patient was exhausted.

In the other case the most natural termination would have been by absorption, but, owing to the tension of the membrane or some other cause, it did not take place. Relieved, by the operation, of the burden which had pressed it down, the lung, which was still capable of performing its duties, at once unfolded itself, its expansion being accompanied by the usual cough and distress caused by contact with the air, which had been so long excluded, or by the distension of the compressed tissues. Though it is impossible to say whether the hæmorrhage depended upon a disease, which will, at some future time, declare itself, it is reasonable to assume that it was entirely owing to the expansion of the lung, by which the pressure of the blood upon the vessels would be decidedly increased.

Another important fact, in connection with these cases, is, that in the one which terminated fatally, the existence of tuberculous disease was suspected, from the character of the countenance, pulse, and physical signs, while in the other no such symptoms presented themselves.



## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

APRIL 9th.—*Tin Tumbler taken from a patient, post-mortem, and which had been introduced by him into the rectum, for the purpose of reducing prolapsus of that intestine.*—The tumbler was sent to the Society by Dr. JOHN O. STONE, of New York city, and was presented, and the account of the case read, by Dr. H. O. STONE, of Boston. The following is an abstract of the detailed description of the case, read by Dr. S., and which was published in the Boston Medical and Surgical Journal of May 14th, 1834.

The patient introduced the tumbler on the 4th of April, 1834, causing its entrance into the bowel by sitting upon it. The tumbler being drawn upwards with the returning intestine, attempts were made by the patient to extract it, with his fingers, and by means of "shoe-maker's forceps." "With these he had considerably broken and flattened the edge of the base, or rim, of the tumbler, and forced it beyond the rectum, into the colon." It was found in this situation by the physician who was summoned, Dr. George Moodie, of North Andover, Mass. Dr. M. introduced his "hand and forearm into the rectum, seized" the tumbler and "made a powerful" but unsuccessful "effort to extract it." The blunt hook was next tried, without extracting the tumbler, although it was brought down so that "it could be seen." "Owing to its flattened state, it hitched in the plicæ of the intestine." Several physicians and surgeons were called in consultation; among others, Dr. Joseph Kittredge, of Andover, and Dr. Whiting, of Haverhill. No efforts at extraction by the hook or the fingers were of any avail; although the tumbler was brought into view and seized, powerful efforts being again made to disengage it from its situation. One of the practitioners again introduced his hand, but could not bring the tumbler away. The patient asked to have his abdomen opened, and the foreign body thus removed. "He was told that this would produce certain death." A proposition to divide the levatores ani was negatived by Dr. Kittredge, who feared fatal hæmorrhage. "The patient lived about three days after this. His tongue sloughed, and there was gangrene of the large intestines. The tumbler was extracted after death: it measured  $3\frac{1}{2}$  inches in length,  $3\frac{1}{2}$  inches in width, in the direction of the flattened part, and 2 inches across its base; it would hold nearly three gills." It is preserved in the Society's Cabinet.

[Although it is difficult to judge of a case without seeing the patient, it would seem as if the judicious use of proper instruments might have obtained the extraction of this tumbler during life. The cautious and efficient insertion and action of forceps suited to compress it, and thereby lessen its calibre, would appear to have been the means indicated. Extraction would have probably been effected, as, by the diminution of the size of the foreign body, it would cease, in certain parts, at least, to impinge upon, and be retained by, the folds of the intestine. The *action of ether* on the system, had it been known at the time of this accident, would almost certainly have enabled a practitioner of ordinary ability to succeed in such an operation.—SECRETARY.]

APRIL 9th.—*Carcinoma Uteri.*—Dr. STORER reported the following case. The patient, Mrs. B——, was first seen by him in August, 1854. For the last two years she had suffered from a sensation of bearing down, with pain in the uterine region; and for several months she had had hæmorrhage, at intervals, by which she was very much exhausted. Dr. Storer

was consulted for the palliation of this latter symptom. On examination *per vaginam*, it was found that the neck of the uterus was exceedingly firm, scirrhus, and the organ itself immoveable. The *os uteri* was patulous, and blood exuded from it. Patient complained much of darting pain, passing through from above the pubes to the rectum. The act of defæcation caused great suffering. The hæmorrhage gradually abated under the local application of an infusion of matico and ergot; in a few weeks it entirely subsided, and did not again return. After the bleeding was checked, she rallied a little, but soon again faltered, wasted away, and died in February, 1855.

During the latter portion of her life-time, she suffered but little of the lancinating pain characteristic of her disease, but endured great distress at the time of her alvine evacuations, which latter could not be effected without assistance. An incessant, insufferable desire to micturate, accompanied with much distress, existed for weeks previous to her death, and was relieved only by the constant exhibition of opiates.

The *post-mortem* examination, which presented several interesting points, was made by Dr. CALVIN ELLIS, who has furnished the following account of the appearances observed.

Great emaciation. Surface of right *pleura* slightly adherent posteriorly. *Lungs* normal, but anæmic. *Heart* rather small; external surface œdematous. Oj. of yellow serum in peritoneal cavity. *Liver* olive-colored; flacid. *Spleen* normal.

Upon the *peritoneal* surface just above the brim of the pelvis, were several firm, white nodules, from two to four lines in diameter, which, on incision, presented the usual appearances of scirrhus. A similar mass was also hanging from the upper part of rectum. Upon the fold of peritoneum, lying between the rectum and uterus, was a circumscribed patch of lymph adherent to the surface, but the membrane immediately around was quite healthy.

On making an incision through the *vagina* and *uterus*, a little lymph was noticed upon the surface of the former, which was in other respects sufficiently healthy, below a line drawn through two points, one anterior, half an inch from vulva, the other posterior, three inches from the same. Above this line the mucous membrane, for a short distance, was raised by a dense, yellowish-white deposit, which, beyond, was replaced by a ragged, dirty-brown, ulcerated surface, beneath which was a firm, whitish, scirrhus deposit connected with a large mass, several inches in diameter, which projected towards the left side of the pelvis. The neck of the uterus had been destroyed. The remaining portion was two inches in length and half an inch in thickness, mostly dense and fibrous, but in the part immediately adjoining the diseased surface were traces of the same morbid growth before described. The *bladder* was much contracted, Protruding into its cavity, posteriorly, was a firm, nodulated mass, the surface of which was of a delicate pink color. Below this, a free communication existed between the bladder and vagina. Externally, the adventitious growth rose above the fundus of the organ as a solid conical mass, with an irregular, reddish summit. The pelvic organs were firmly bound together, and the cavity itself nearly filled with the morbid deposit, which every where presented the character of ordinary scirrhus. Upon the fundus of the uterus, and in one of the fallopian tubes, were a number of small serous cysts. The *rectum* was not affected.

The pelves of the kidneys and the ureters were dilated by the accumulation of urine, owing to the obstruction caused by the disease below.



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 BOSTON, AUGUST 23, 1855.
 

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 FREQUENCY OF DEATHS BY DROWNING.—PROPER PRECAUTIONS WHILE BATHING.—OVER-EXERTION IN SWIMMING.
 

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THE very large number of deaths by drowning, recorded in the papers during the present season, must have been generally remarked. We certainly do not remember a summer when so many have thus perished; and, what is quite as noticeable, the majority seem to have been adults, and in many cases the would-be rescuer sank with the one he intended to save.

Death by drowning, although probably easy, so far as regards mere pain, is always peculiarly distressing. Its victims, whether bathers or excursionists upon the water, are usually in high health and spirits, and the shock of the news to their friends, or the announcement of the awful event by the bringing of a lifeless and swollen body to the home it had just left so gaily, is inexpressible.

We have never read a more melancholy account than that which chronicles the drowning, at Coney Island, of Rev. Mr. Elliot and his daughter, of Williamsburg, and which appeared in the New York Daily Times. This instance, and many similar ones, might have been prevented by the wise provisions mentioned in an article in the same paper (July 28th). We quote the following in reference to the "Société Humaine" of "Boulogne sur Mer, on the northern coast of France;" it were well if every sea-side resort, especially where the surf is high, and the under-tow proportionately strong, were as fully supplied with the means of rescue. The writer in the "Times" to whom we allude, says, speaking of Humane Societies, formed in reference to saving the lives of bathers:—"One of the best of these is the 'Société Humaine,' of Boulogne sur Mer, on the northern coast of France. This most benevolent and disinterested association is sustained by the French and English residents of this ancient city, and is the instrument, every year, of preserving the lives of many of those who resort thither from all parts of England and France, for the purpose of bathing. Some idea of their operations may be gathered from this brief description:—A commodious house is provided, containing several boats mounted on wheels, which can be launched at a moment's notice, as well as other apparatus for saving life.

"During the hours for bathing, there are always two boats lying a little off shore, equipped with grapnels, lines, corks, and other ingenious contrivances; each boat manned by two efficient watermen, ready for any emergency. These 'gardes des bains' are always on the watch, cautioning those who imprudently venture too far, and ready to rescue any adventurous swimmer who may be overcome by fatigue. Never a season passes but some are rescued from a watery grave by these watchful guardians.

"Similar measures are adopted at all the bathing towns on the French coast, and also upon the English coast. When we compare the recklessness and want of care which is evinced in this country, we can hardly resist the conclusion that here human life is valued at a lower standard.

"The recent calamity, which has resulted in the death of a father and daughter, is the consequence of public neglect. Let us remedy the evil before more households are made desolate by similar events."

Having lately referred to bathing in its hygienic aspects, it may not be amiss to utter a word of warning, in view of the unprotected state of most of our public watering places, and also in respect to the carelessness of parents and others entrusted with the supervision of children, incompetent to save themselves or their companions in the moment of danger. Boys are very apt to exhaust their strength by swimming for too long a time; and cramp of the muscles of the legs, arising either from fatigue or the coldness of the water, often disables them. If thus attacked, beyond their depth, they must sink unless efficient aid is at hand. Young and thoughtless boys should never be allowed to bathe unaccompanied by some person to warn them from venturing too far, or swimming so long as to fatigue them; and who, in the event of accident, could save them from drowning. There are countless instances in which life has been sacrificed through neglect of such precautions. The legs of bathers are occasionally entangled in coils of sea-weed too strong for them to break; or a boy may wade out till just at his depth, get his feet so firmly fastened in soft, but adhesive mud, that he becomes frightened, and unable to exert himself; his head goes under, and, through his own confusion, and the inability or absence of others, he is lost. An incident of this sort is related in a late number of the *New York Times*, and which also shows the recklessness and wilfulness of boys in the matter of bathing, even in forbidden waters. The account we refer to is as follows;—rescue was effected.

*“Bathing in the River.”*—This practice is extensively indulged in along the river front, notwithstanding the stringent ordinances prohibiting it. On Saturday some boys went in to swim at the foot of Harrison street. One of them, named Patrick Doyle, managed to get a considerable distance from shore, where he stuck fast in the mud. William Shannon went to his aid, and kept his head above water until relieved by officers Reynolds and Holbrook, who succeeded in getting him on dry land, but in an insensible condition. He was resuscitated and conveyed to his home.”

If a wholesome terror could be instilled into inexperienced and reckless bathers, life would be often preserved; there is scarcely a daily journal but has its record of deaths by drowning. A properly managed swimming school is always a boon to the community, and might almost enable parents to say, without Hibernian phraseology, “You are not to go into the water (*i. e.*, harbor or river), until you know how to swim;”—(*i. e.*, in the safety of the swimming school.)

It is well known that there is one popular establishment at the west part of the city, at which quite a large number of boys are instructed in swimming, every season, and where any one can enjoy the luxury of bathing, at a moderate rate. Were there other similar schools here, great advantage would be derived from them; and we trust to see thorough attention paid to this important subject.

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#### NEW WORK BY DR. JAMES JACKSON.

It gives us great pleasure to announce that Dr. JAMES JACKSON is about to favor the profession and the public with a volume containing some of the fruits of his long medical experience. It is to be in the form of Letters addressed to a young Practitioner, and cannot but be most acceptable both to young and old practitioners every where, who know what reliance they can place on his admirable fidelity and capacity as an observer, and his skill in the treatment of disease. If we have received a correct impression of the promised work, it is to have so much of the familiar and popular character,



that it will be a valuable consulting manual in some of the more common diseases, to the invalid, as well as to the physician. The author's name is too well known in this community and in this section of the country to require more than the announcement of such a work from his hand to insure its eager welcome among us. Wherever this notice goes, we hope it will be learned with pleasure that this eminent practitioner is about to give a permanent place to many of the results of his experience.

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THE YELLOW FEVER AT PORTSMOUTH, VA.

WE are surprised to notice, that, notwithstanding the almost universal opinion of medical men that yellow fever is not, at least to any extent, or under ordinary circumstances, contagious, so great a panic prevails in the neighborhood of Portsmouth and Norfolk, Va., that no communication with those places is allowed by New York, Philadelphia, Baltimore, Richmond and other cities, and the sufferings of the sick are greatly increased by the want of proper comforts and attention, and by the destitution caused by the suspension of business, and consequent want of employment of the laboring classes. We extract the following admirable remarks from an article on the subject in the Daily Advertiser of Monday.

"But it is painful to perceive that the sufferings of the unhappy population who are obliged to remain exposed to the contagion of disease are cut off from the means of relief, not only by the flight of their more fortunate neighbors, who are able to seek healthy residences at a distance, but by a very unnecessary panic, which attempts to cut off all communication between them and the healthy parts of the neighboring country. It is surprising that after so much experience of the nature of this disease, in almost all parts of the United States, its character, and the real danger to be apprehended from it, is so little understood. In the first place it is often overlooked, and such appears to have been the case in the present instance, that the seeds of the disease are ordinarily confined to a very limited locality, and it is therefore entirely unnecessary for the population of the diseased city residing in parts of it beyond the *diseased district*, which may in most cases be distinctly defined, to seek safety in flight."

"Another fact in regard to the disease is equally important, viz., That persons removing from the central point of the most malignant infection to a place in health never convey the disease with them in their persons, with the power of communicating it to persons beyond the limits of the infected district."

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*Communications received.*—Cases of Albuminuria, occurring after Scarlatina, with Remarks, by John Ware, M.D. (Will appear in our next number.)—Case of Fracture of the Skull.—On Uterine Pain and Hemorrhage after Accouchment, translated from the French of Dr. Liegard, of Caen.—An account of the illness of the Hon. Abbott Lawrence, with the results of the Autopsy, by his attending physician, will appear in our next.

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DIED—At Washington, D. C., 12th inst., Dr. Henry Lee Heiskell, Surgeon U. S. Army.

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*Deaths in Boston* for the week ending Saturday noon, Aug. 18th, 1869. Males, 53—females, 56. Accidents, 3—inflammation of the bowels, 2—congestion of the brain, 1—consumption, 14—convulsions, 4—cholera infantum, 18—cholera morbus, 2—croup, 1—cancer, 1—dysentery, 18—diarrhœa, 4—dropsy, 5—dropsy in the head, 3—infantile diseases, 8—epilepsy, 1—typhoid fever, 1—hooping cough, 3—disease of the heart, 1—intemperance, 2—congestion of the lungs, 1—old age, 1—palsy, 1—inflammation of the stomach, 1—scrofula, 2—smallpox, 2—suicide, 1—teething, 3—thrush, 1—tumor, 1—unknown, 3.

Under 5 years, 62—between 5 and 20 years, 10—between 20 and 40 years, 17—between 40 and 60 years, 9—above 60 years, 11. Born in the United States, 81—Ireland, 18—England, 3—British Provinces, 3—Germany, 3—Scotland, 1.

*Use of Lime-Water in making Bread.*—To neutralize the deterioration which the gluten of flour undergoes by keeping, bakers add sulphate of copper or alum with the damaged flour. Professor Liebig, however, has conceived the idea of employing lime, in the state of solution, saturated without heat. After having kneaded the flour with water and lime, he adds the yeast, and leaves the dough to itself; the fermentation commences, and is developed as usual; and if we add the remainder of the flour to the fermented dough at the proper time, we obtain, after baking, an excellent, elastic, spongy bread, free from acid, of an agreeable taste, and which is preferred to all other bread after it has been eaten for some time. The proportions of flour and lime-water to be employed are in the ratio of 19 to 5. As the quantity of liquid is not sufficient for converting the flour into dough, it is completed with ordinary water. The quantity of lime contained in the bread is small—160 ounces of lime require more than 300 quarts of water for solution; the lime contained in the bread is scarcely as much as that contained in the seeds of leguminous plants. Professor Liebig remarks, that “it may be regarded as a physiological truth, established by experiment, that corn flour is not a perfectly alimentary substance; administered alone, in the state of bread, it does not suffice for sustaining life. From all that we know, this insufficiency is owing to the want of lime, so necessary for the formation of the osseous system. The phosphoric acid likewise required is sufficiently represented in the corn, but lime is less abundant in it than in leguminous plants. This circumstance gives, perhaps, the key to many of the diseases which are observed among prisoners, as well as among children whose diet consists essentially of bread. The yield of bread from flour kneaded with lime-water is more considerable. In my household, nineteen pounds of flour, treated without lime-water, rarely give more than twenty-four and a half pounds of bread; kneaded with five quarts of lime-water, the same quantity of flour produces from twenty-six pounds six ounces to twenty-six pounds ten ounces of well-baked bread. Now as, according to Heeren, nineteen pounds of flour furnish only twenty-four pounds and one-half ounces of bread, it may be admitted that the lime-water bread has undergone a real augmentation.”—*Dublin Medical Press*, April 25, 1855, from *Chemist*.

*A Singular Case—A Ball Lodged for Fifty Years.*—There has just died, in the village of Reindorff, in France, in his seventy-fifth year, a veteran of the French army, M. Peter Klein, who, at the battle of Austerlitz, on the 2d December, 1805, was struck by a Russian musket-ball, which lodged in the left temple, just above the ear, and remained there until the day of his death, a period of nearly fifty years, without having caused him any pain, or at all affected his intellectual faculties. After the death of M. Klein, his family, to whom he had bequeathed this ball, to be preserved as a souvenir of his campaigns, had it extracted by Dr. Backe, a surgeon of Bonn, who performed the operation by means of trepanning, so that the ball remains surrounded by a ring formed by part of the skull. The ball, on the side which touched the brain, is covered with a hard skin, and on the other side with a skin similar to that on the outside of the head. The brain had not been at all injured, nor was there any appearance of any fracture in the skull near the spot where the ball had lodged. The medical men express their astonishment that a foreign substance could have remained so near the brain without the intellect of the person being somewhat affected.—*N. Y. Med. Times*.

*Transmission of Scabies from the Lion to Man.*—M. Bourguignon, who is well known by his entomological researches, has just read a paper before the Medical Society of Paris, on the *acarus* found on different kinds of animals. From numerous experiments, the author concludes that itch is not transmissible from one animal to another of a different kind, and it would seem that each species has its own proper *acarus*. But the rule has lately been found not to be universal, for the author has just come in contact with a case of transmission of scabies from the lion to man. This phenomenon has been explained by the fact that the *acarus* of the lion is quite analogous to that which takes its abode upon the human species. Thus the lord of the creation and the most exalted amongst the lower animals, seem to be infested with the same parasite.—*Dublin Med. Press*.



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## CASE OF HON. ABBOTT LAWRENCE.

BY JACOB BIGELOW, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MR. LAWRENCE is known to have possessed originally a good constitution. By the help of a strong, energetic and well-regulated mind, he has been able to sustain an unusual amount of responsibility and labor, under various high trusts and complicated enterprises. In early youth he is reported to have suffered from a thoracic inflammation considered a "lung fever," the remote traces of which were discovered in pleural adhesions after death. From childhood he has been subject to severe headaches, accompanied with distress at the epigastrium. The veins of his left lower extremity had been varicose for many years, to an extent requiring treatment. His habits, originally active, had in the latter half of his life been sedentary, with the accompanying troubles of dyspepsia, constipation, and a plethoric state of the system. About thirty years ago he had an alarming attack of abdominal pain and constipation, which lasted three days.

In the spring of 1840, while at Washington as a member of Congress, he passed through a dangerous and protracted illness, considered by his physicians as a "typhus" or "bilious" fever, by which he was confined three months, most of the time in a state of great prostration. From this he slowly recovered, having spent part of the following summer at the Virginia Springs.

He visited Europe as Minister at the Court of London in 1849, and returned in 1852. During this time a grave illness, attended with signs of hepatic disease, overtook him at the residence of his friend Mr. Bates, near London, where he was confined and considered in a critical situation for several weeks.

Since his return to this country, and even for many previous years, he has complained at times of pain, soreness, and a sense of weight in the right side of the abdomen, and has repeatedly called the attention of others to the existence of a solid, palpable protuberance in that region of the body. This infirmity had of late so in-

creased upon him, as to limit his rate of walking, and to cause him to lean for support on the arm of a friend.

In September, 1854, he was taken with severe pain in the abdomen and right hypochondrium, which was relieved by a cathartic operation, obtained after much difficulty. In October, while on a visit at Groton, he was attacked with some abdominal pain, and diarrhœa, followed by sudden syncope and temporary loss of consciousness, from which he immediately recovered. During May last a copious epistaxis occurred, occasioning the loss, by estimation, of a quart of blood.

His final illness manifested itself on the evening of June 4th, 1855, by a violent pain in the right hypochondrium and whole side of the abdomen, with tumefaction of the part, and tenderness on pressure. He had that day taken off an elastic belt which for years he had been accustomed to wear. His pulse, ordinarily about 60, had risen to 80, with some febrile heat. Before I saw him he had taken half a pint of solution of citrate of magnesia, but he did not obtain any relief until after copious leeching and purging. To effect the latter, eight ounces of infusion of senna were taken, in divided doses, and were followed at length by abundant operations. On the 6th his pain returned, but was relieved in three hours, after sinapisms and a slight opiate. From the 7th to the 10th there was more relief, except for a short time during the operation of a cathartic (pil. hydrarg. and aloes,  $\text{ââ}$  gr. x.), which, like that of other cathartics, was slow and painful, and only acted after repeated enemata. Blisters were several times applied to the seat of pain.

Various articles of nutriment were tried in small quantities, and as frequently abandoned after a day or two's trial. The things which were most easily tolerated for a short time were coffee and milk, in spoonful doses, sago, some spirit in water, and at times a little broth. A continued use of any one of these articles was generally followed by disgust and refusal. On the 4th day of July he incautiously ate a part of a peach sent him by a friend, which act was immediately followed by distressing pain in the abdomen, of twenty-four hours' continuance.

To obviate in some measure the inanition caused by his long abstinence and rejection of food, enemata of beef-tea, and afterwards of clear juice of beef, were thrown into the rectum to the amount of half a pint about twice in a day, for nearly two months. These were generally retained and absorbed, and were followed by a quantity of urine considerably exceeding the amount of liquid which had been swallowed. Twice during the disease, the urine deposited lithic acid sand for a few days. Many years ago he is remembered to have passed, after much suffering, a renal calculus.

On the 12th of July the symptoms suddenly assumed a new and alarming character. The pulse, which had been steady at an average of about 90, suddenly became very irregular, beating, stopping, trembling, and unequally rapid. This state continued for twenty-four hours, with dyspnœa, fainting and sinking, the accom-



panying action of the heart being feeble and irregular. Five or six glasses of Champagne were taken during the day, and retained. On the next day the pulse became regular, and so continued afterwards.

For several of the following weeks there was a perceptible decline of strength, with a pulse of 90 to 100, intolerance of food, vomiting almost daily of dark-green mucus, more or less pain in the right side, and but little sleep. Opiates were resorted to, two or three times, and procured a night's sleep, followed by greater distress and vomiting the next day. During the first week in August his countenance grew more morbid, his pulse rose to 120, and he was with great difficulty assisted out of bed once in a day. During the whole disease, constipation prevailed, but faecal discharges were obtained by enemata about twice a-week. No dropsical symptoms ever appeared.

On the 8th of August a new phase occurred in his disease. Having expressed a strong desire for water, and a belief that its effect would be salutary, he was allowed one ounce per hour of that liquid. In the course of the day and night he took nineteen ounces, and retained the whole. By a remarkable coincidence, the urine, which before had been very frequent and free, now became suddenly suppressed, and after a stoppage of thirty-six hours, half a pint only was obtained by the catheter. The habitual vomiting stopped about this time.

August 12th.—A severe chill occurred of two hours' continuance, and the pulse rose to 130 and became small and thready. After this, he grew more torpid, wandering in his mind, and swallowing with difficulty, and after lingering several days, he died easily on the 18th.

After the first week of his illness Mr. Lawrence was seen daily in consultation by Dr. J. M. Warren. For the last half of his disease he was also attended on alternate nights by Drs. Edward H. Clarke and Buckminster Brown. During the whole of his painful sickness he uniformly displayed great courage, equanimity, self-command and consideration for others.

*Autopsy.*—The body was examined by Dr. Ellis, five hours after death—present Drs. Warren Sen. and Jr., Bigelow Sen. and Jr., J. B. S. Jackson, E. H. Clarke and B. Brown. In the abdomen a strong adhesion was found of the gall-bladder and adjacent parts of the liver, to the ascending colon at a place two or three inches above the cæcum, and also to the abdominal parietes over a space an inch and a half in diameter. The adhesion was through a firm, dense false membrane of considerable thickness, having a cavity in its centre as large as a walnut. This cavity communicated at one end with the gall-bladder at its fundus, and at the other with the ascending colon, forming a direct outlet from the one of these organs into the other. The gall-bladder was much altered, contracted, thickened and dark inside, containing a soft solid mass of inspissated bile three quarters of an inch in diameter. The cystic

and hepatic ducts were both pervious and dilated, and the bile ducts inside the liver contained inspissated biliary matter like that found in the gall-bladder. In the large curvature of the stomach were two small coagula covering ulcers two or three lines in diameter, which had so nearly perforated all the coats, that a probe passed through them without sensible resistance. There were two similar ulcers in the duodenum near the pylorus.

The kidneys were somewhat under size, with a slight granular appearance, with some cysts on the surface containing serous fluid. There were some old adhesions of the pleura at the base of both lungs.

From the facts which have been stated, it is justifiable to infer that chronic structural disease in vital organs had existed for an unknown time, during which it had been tending slowly but surely to its fatal termination.

#### CASES OF ALBUMINURIA OCCURRING AFTER SCARLATINA, WITH REMARKS.

BY JOHN WARE, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THESE cases are not related in the exact order of time in which they occurred, but they have been rather arranged so as best to illustrate the course of the affection and the influence of treatment.

CASE I. was that of a lad aged about 11, who passed through the disease under homœopathic and hydropathic management. I saw him once accidentally during life, and witnessed his examination after death. The following brief statement of his case, therefore, is given at second hand. He had the primary disease in a favorable manner, and seems to have had no severe or alarming symptoms. He was regarded as having nearly recovered, when, between two or three weeks from the first attack, some œdema of the face was observed, but with no other marked symptom. Within a few days, on the morning of Wednesday, March 3, after having gone to bed, apparently pretty well, the night before, he awoke vomiting, and continued very sick through the day. The next morning, Thursday the 4th, he had convulsions, which continued to recur through that day, but not afterward. He became extensively œdematous, very pale, heavy, almost somnolent, with hard, labored breathing, and died on Saturday the 6th. The urine was described as dark and thick, but was not examined during life.

I was present at the examination after death, but, instead of my own imperfect record of the appearances, I prefer inserting an account of them with which I have been favored by Dr. J. B. S. Jackson, who was also present.

“*Lungs*.—Pneumonia of greater part of upper left lobe; red, solid, not at all granulated, but rather smooth; ‘splenified,’ or



'carnified' rather ; rest of the lobe healthy. Something of the kind in the right upper lobe. No tubercles in the lungs ; but some in the bronchial glands, white, opaque ; and a semi-cretaeous mass, about the size of a pea, apparently in the lung, but really, no doubt, in the bronchial gland.

"*Pleura.*—Slight recent adhesions over seat of pneumonia. About  $\frac{2}{3}$  x. of serum in the two cavities.

"*Heart* quite firm and rather large. Considerable blood and fibrin in cavities.

"*Abdomen.*—A few ounces of serum in cavity.

"*Kidneys* of usual size ; dense ; congested throughout. Cortical substance looks rough on cutting through it. Puriform matter pressed abundantly from tubular portions ; urate of ammonia ? Bladder full of urine, which coagulated by heat.

"Other organs of abdomen looked well."

CASE II. was that of a sister of the subject of the preceding case, aged 9 years. She had the primary disease five weeks before her brother, and had been for some time laboring under the secondary symptoms at the time of his seizure. She had been similarly treated. She came under my care March 9—but I had frequently seen her before, as she had been confined in the same room with a patient of my own. Eight weeks before this date, then, she had had scarlatina in a moderate form. The eruption was described as having been full, but the febrile symptoms slight, with no affection of the throat. In a week she was convalescent ; for a week more she continued improving, and was regarded as well. At the end of the second week—six weeks ago—œdema was observed, which soon became extensive ; she vomited frequently, and retained but little food. Her urine, at this period, was described as having been "dark like frozen red ink." After three weeks she had convulsions, which have been repeated occasionally ever since. When the cerebral symptoms began, as she afterwards told me, she experienced a variety of visual illusions. She saw little negroes dancing about the room—her aunt, who was attending her, appeared as if sitting in different parts of the chamber and making faces at her—spots of all colors seemed floating about in the air. This last continued for a long time, even after she was partially convalescent. She was sensible, at the time, of the character of these phenomena, but was totally unable to correct them.

March 9th, 1852.—The face and lower extremities œdematous, but the abdomen neither swollen nor tender. She was universally anæmic. No suffering in the head. Pupils larger than natural, but contractile, though not rapidly. Countenance fixed, stolid, wanting in animation. She was dull and heavy, her manner slow and listless. She apparently took little notice ; but said she felt well. She had occasional vomiting—and was almost constantly spitting a liquid which seemed to flow into and fill her mouth like saliva, and to resemble it. This discharge continued a long time, and the quantity discharged from first to last was enormous. It continued

in some measure after she was otherwise nearly well. The urine was in moderate quantity—looked like bloody water, and was highly coagulable. The pulse 84, quite feeble. The respiration 20. There was no cough or expectoration.

It would be foreign to our present object to give the details of the history or treatment; a brief outline will be sufficient. She took successively acetate of potass, gallic acid, iodide of iron, and iodide of manganese, and, during their use, a small dose daily of oxymuriate of mercury and sulphate of iron. External applications were made over the kidneys in the form of sinapisms, liniments and vesications.

She was put at once also upon the use of Rhine or Hock wine, beginning with two spoonfuls every few hours, and daily increasing the quantity. This was the first thing she had relished, and she took it with great satisfaction.

March 14th.—The quantity of wine had been increased to a wineglassful; so that she took six in twenty-four hours. She continued to relish it highly, said that she felt it “all over her,” and that it produced a warm sweat “all over.” Her skin had been previously dry and harsh. It was now soft and moist. Her food had consisted of such common articles as she would take—bread, meat, &c. She was more lively, took more notice, and was in better spirits.

21st.—Continued to crave the wine, and was taking two thirds of a common quart bottle a-day.

She had improved much in her general aspect and condition; was still œdematous, but less so. There had been no return of convulsions. Her urine varied much; being on some days nearly natural; on others dark, bloody and highly coagulable. She took her food with good appetite—but sometimes threw it up by vomiting, and the bowels were occasionally disturbed by it. She slept well. The spitting had diminished.

April 14th.—Had continued improving. No vomiting for a week. Urine natural in appearance, but still moderately coagulable. The wine was still taken, but the strong relish for it had abated.

22d.—Was still better—her food has been chiefly mutton chop and bread. The quantity of wine has been reduced to half a bottle daily. Spitting less.

May 9th.—She had gone into the country, where I saw her. She continued to improve, but was a long time in a state of imperfect health; her constitution seemed to have received a very severe shock, from which it rallied very slowly. For a long time she was subject to some return of œdema—to the spitting and vomiting—and was dull and abstracted. I doubt if she have yet entirely recovered from the effects of the disease.

CASE III.—A boy aged  $3\frac{1}{2}$  years, attacked by scarlatina April 28, 1849. One sister had been taken *eleven* days before, and another was taken *eleven* days after him. Both of these had the disease very



mildly and no secondary affection. In the boy the symptoms were somewhat more severe, but by no means of an aggravated character. The eruption was full, and, when it began to fade, which it did on the fourth day, he complained slightly of his throat. By the end of a week, May 5, he was convalescent.

May 14.—Sixteen days after the first attack he was observed to be œdematous about the face, especially around the eyes, and the affection soon assumed a decided form. He had frequent gagging, occasional diarrhœa, intolerance of light, dozing, frequent sighing, loss of appetite, pulse very frequent and feeble. The urine was scanty; sometimes like Port-wine and water, with much sediment, consisting chiefly of blood globules; sometimes dark like herb-tea, also with the same sediment. It was early highly coagulable, forming a solid mass by heat, like the white of an egg, which could not be poured from the test tube. The œdema extended to the whole lower extremities and abdomen; but there was no evidence of effusion into the cavities.

On the 22d he had swelling of the left submaxillary gland, which on the 25th had terminated in suppuration, and pus was discharged.

The medicinal treatment amounted to little, as he steadily objected to remedies. The acetate and hydriodate of potash were prescribed early, and he had irritating applications over the kidneys. The diarrhœa, which occasionally recurred, was checked by the Tr. camph. opiat, and late in the case the compound tincture of bark with sulphuric acid was directed.

The only article taken to such an extent as to have had any probable influence upon the case, was wine. A few days after the appearance of the dropsical symptoms, as he refused all nourishment and seemed extremely feeble, the attempt was made to give it to him. He at first refused. It was mixed with sugar and ice, and offered whenever he wished for drink—Champaigne at first, and afterwards Hock. He soon relished it, and took scarcely anything else. The quantity was gradually increased, till for a considerable time he took a common bottle of the Hock, a-day; and on one occasion somewhat more. There was never the slightest indication of arterial or mental excitement, and no increased heat of the skin. He began soon to improve as to the œdema and the character of the urine. On the 28th he had a number of spots of ecchymosis in different parts, but they vanished in a few days.

June 12th.—The œdema was nearly gone. The urine was not coagulable, depositing a light-red sandy sediment; the appetite good. By the 16th he was apparently well, and went soon after into the country.

I am not able to state the precise length of time that wine was taken—certainly till near the period of the disappearance of the œdema. After getting his appetite, he one day suddenly refused it entirely, and would take no more. Since then, now more than six years, as his parents inform me, he “will not taste anything spirituous or of the nature of wine, not even cider.” At the time

of thus breaking off, he was taking the full quantity. He has since been a fine healthy boy.

CASE IV. and V. were both of girls, aged severally  $6\frac{1}{2}$  and 8 years. In these the same treatment was employed, and with apparent benefit, but the quantity of wine taken, though large considering the ages of the patients, was much less than in the preceding. In case IV. there were symptoms which I took to indicate acute inflammation of the kidneys—such as chills, continued nausea and vomiting—a continued and very obscure pain in the abdomen, unattended by diarrhœa—tenderness in the loins, with daily paroxysms of fever, accompanied by watching and restlessness. Here the use of wine was not begun till the acute symptoms had partially subsided. When given, however, it produced no increase of the febrile or inflammatory indications, and appeared to act favorably upon the course of the disease.

Symptoms like those which have been described are by no means infrequent, but much more in some years than in others. So far as I have noticed, they have been less likely to occur in severe cases than in those of moderate severity—rarely where there has been a bad affection of the throat. They usually come on in from a week to a fortnight from an apparent convalescence, during which the primary symptoms have subsided, the appetite returned, and the patient has ceased to be under the notice of the physician. In the above instances the attack took place between 13 and 17 days from the original invasion of scarlatina, the distinct symptoms of which had continued about a week in each.

The access is usually gradual. Œdema about the eyes and ankles is often the first thing noticed, but almost always inquiry will show there has been some falling off a few days before. Sometimes the attack appears sudden and takes place with chills, headache, pain in the abdomen and back, with fever and restlessness; but even such attacks have usually been preceded by some slight indisposition. In whatever way it begins, the further progress is characterized by very much the same set of symptoms; in mild cases, by occasional vomiting, nausea, loss of appetite often entire, irregular bowels, headache, sleepiness or watchfulness, irritability pains in the abdomen, tenderness in the loins, a very feeble and frequent pulse, and occasional turns of fever; in severe cases, by a greater intensity of the same symptoms, and in addition by some graver affection of the brain, the chest or the abdomen. The amount of œdema by no means corresponds to the intensity of the disease. The urine is in all scanty—sometimes wanting for twenty-four hours, high colored, very dark, coagulable, and often bloody.

The occurrence of this secondary disease is usually attributed to taking cold, to improper diet, improper clothing, or to some defect in the management during convalescence. So far as I have been able to observe, there is no sufficient ground for an opinion of this sort. It as often occurs in those who have been the objects of un-



common care and solicitude, as in those who have been neglected. Indeed, that it must be owing to some cause more peculiar than these, is sufficiently obvious from the consideration, that they never produce the same results during convalescence from other acute diseases. There must be, therefore, some disease or some tendency to disease in the patient, produced or left behind by the exanthematous affection.

This very striking fact, that scarlatina is so frequently followed by an affection of the kidneys, attended by a marked derangement of the general health—which occurs in the same way in no other disease—suggests, I think, an inquiry of much importance in its bearing on the nature and tendencies of the original disease, and perhaps on its treatment. The points to which this inquiry should be directed are sufficiently obvious. It should be directed to the history of the secretion of urine as it presents itself in connection with the very various degrees of intensity—predominance of particular symptoms—changes of course and character—modes of termination and subsequent state of health, which we observe in scarlatina, and which make it so remarkable a disease.

I recollect a fact—insulated it is true—which will serve as an example of the phenomena that may come to our knowledge, and of which the collection of a great number may serve to throw light upon this subject. A female was engaged in attendance on a family affected with scarlatina. She was herself quite severely attacked with all the symptoms of the disease, except the eruption. She especially suffered from a very bad throat. After passing some days without relief, the urine being scanty, she suddenly passed a large quantity—dark and very offensive. This was at once followed by a marked mitigation and by speedy recovery.

It might probably be found that some of the other secondary results of scarlatina—such as the disturbance of the function of the digestive organs, the cutaneous affections, the glandular, and the so-called rheumatic, are connected with something wrong in the condition and secretion of the kidneys. As illustrative of the sort of connection which disease of these organs may have in the production of such symptoms, independent of scarlatina, I would refer to a case of albuminous urine, in which the prominent trouble throughout was a rheumatic affection, but ending at last in œdema and effusion into the pleura.

The relation which may exist between the general severity of the primary stage, the intensity of the eruption and the affection of the throat, between these and the occurrence and character of the secondary symptoms, is a point of primary consequence in such an investigation, and has an important bearing upon our views of the nature of the disease. The most probable theory of scarlatina is, that it is dependent upon a specific poison, which in the course of its generation and elimination produces the various phenomena. Now, if it be found *generally* true, as it certainly *often* is, that very *mild primary* cases are followed by very *severe secondary* symp-

toms, an explanation of the fact is suggested which may in time lead to useful views of treatment. If the amount of the specific poison in any individual case be slight, the primary stage will be slight also; and, on its subsidence, the recovery will be complete: but if the amount be large and the primary stage be still slight, its elimination may be imperfect and a secondary affection be the necessary result. It would not be inconsistent with this explanation that when the original attack is severe it is still frequently followed by very grave secondary symptoms.\*

I may be pardoned for this digression from the proper object of this paper, from the consideration of our present imperfect knowledge of the treatment of scarlatina. It is, I believe, the general opinion of intelligent practitioners who are familiar with this disease, that there are few acute affections less amenable to treatment than this in its primary stage. The secondary symptoms are certainly more capable of mitigation, but even these are among the most obstinate with which we have to contend. From the course of treatment here described, there has appeared to be more effect than from any other I have employed. Still it would be premature to assert that recovery was owing to the measures employed, since a large proportion of similar cases recover under any and all modes of treatment.

It may be inquired whether there was any reason for the preference given to the Hock wine, and whether other kinds of wine or analogous stimulants might not be as well employed. This wine was selected on account of the great effect which it is sometimes known to have in exciting the action of the kidneys. In this respect it seems to exceed other kinds. Still they might answer equally well, and, in any extended application of this mode of treatment, should be tried.

Perhaps as important a practical inference as any from these details, is the fact they establish of the capacity, in young children, in some states of disease, of bearing large quantities of wine certainly without injury, and apparently with benefit.† They suggest also the question whether, when the relish for it is very decided, and common quantities are well borne, it may not be advis-

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\* The following is an example of the serious consequences which will sometimes follow an extremely mild attack. I was called early in the afternoon to a child, 4 years old, whom I found dying. She was sitting erect in a chair, being unable to lie down, with labored breathing, a livid countenance, pulse almost extinct, and extremities cold. She died in a few hours. On examination, effusion of serum was found to have taken place into both the pleural cavities. On inquiry, I learned that about a fortnight before, she had been affected by a slight eruptive disease, which, from description, I inferred to have been scarlatina, though it had not been severe enough to require medical attendance or even confine her to the house. She had been supposed to be quite well till within forty-eight hours of death, and nothing had occurred to give alarm till the very day on which it took place. In this case, which happened twenty years ago, the urine was not examined—but there had been, I am confident, some œdema, and there can be little doubt it was of the same character with those which have been described.

† In the case of a child 18 months old, who was suffering extremely from an eczema, which covered the greater part of the body, and produced great irritation and exhaustion with continued loss of sleep, a glass of Madeira wine was taken every day for several weeks, with decided beneficial influence not only in supporting the strength, relieving the irritation, and promoting sleep, but also, apparently, upon the state of the cutaneous affection.



able to push its use as far as the inclination of the patient will carry him, and indeed, in very bad cases, as far as he can be urged to go, when laboring under conditions in which wine is called for. I can recollect no case in which the patient has appeared to suffer from taking too much, but have often had reason to think it would have been better had he taken more. It is a gratifying circumstance, and one which tends to remove the very proper repugnance we have to the administration of stimulants, that in all cases where large quantities have been employed, they at last became distasteful to the patient, and produced no subsequent relish for them. I apprehend that the chance of acquiring a permanent morbid taste for them is much less where their use has been carried to very large quantities, than where it has been more limited.

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#### CASE OF FRACTURE OF THE SKULL.

[THE following case is reported by C. ELLERY STEDMAN, M.D., the specimen having been exhibited to the Boston Society for Medical Improvement by Dr. Charles H. Stedman, August 13th, 1855.]

Wm. Thompson, mate of the Barque Kilby, was admitted to the United States Marine Hospital in Chelsea, at 5 o'clock, P.M., 23d July, 1855, reported to have been struck with a hatchet the morning before, at 5 o'clock. When he and his antagonist were separated, he had his arms tightly clasped around the latter. He was removed to the cabin, and his head closely enveloped in cloths, over which "balsam" had been poured. He had been perfectly conscious, according to the testimony of the captain, since the accident, and had lost much blood by repeated hæmorrhages. On entrance, he was very weak; his lips and face were blanched; his pulse rapid and very small. Brandy was administered; and the dressings applied on board ship were removed with some difficulty, when profuse hæmorrhage took place from the region of the right temporal artery in front of the ear. This vessel, with several smaller ones, having been secured by ligature, and the clots turned out, the wound was found to extend from the right zygoma, curving towards the orbit, and terminating three or four inches above the eyebrow; being nearly a semicircular cut, six or seven inches in length. In its upper third was detected a fracture of the skull, which would admit, between its edges, the tip of the little finger. Some superficial wounds were noticed on the head, shoulder and arms. During the dressing he was restless and very intolerant of pain. There was no stupor—he answering all questions correctly; pupils natural and breathing easy.

The next morning, re-action came on, and he complained of pain in his head. He continued very comfortable, with a pulse of about 90, till the morning of the 29th (a week from the time of the accident), when he was very restless; spoke of much pain in the head, the wound on which had been doing very favorably, and

now looked well. After taking a dose of fluid extract of valerian, about noon, he appeared to go to sleep quietly. At 4, on lifting the dressing, a protrusion of cerebral matter was noticed in the wound. Soon after, he became comatose, and at 9, P.M., he died.

*Autopsy*, 18 hours after death. Besides the superficial wounds above noticed, which were partially healed, there were ecchymoses observed on reflecting the scalp. On exposing the cranium, an extensive fracture was disclosed, commencing at a point on the frontal bone corresponding to the external wound, and running downward, and slightly outward—showing a clean cut two inches in length, penetrating the skull. From the lower part of this cut, turning outward nearly at a right angle, the course of the fracture ran directly backward, through the temporal bone, 3 1-2 inches. The transverse portion of the fracture presented an imbricated appearance.

The dura mater showed a dark-red and greenish discoloration; and in the track of the vertical fracture, was a clean cut corresponding to the fracture. In the transverse direction there was a wound in the dura mater, inflicted by the sharp edge of the fractured skull. Extravasation of blood was noticed beneath the membranes, especially on the right side. That portion of the brain immediately surrounding the wound was softened.

All the other organs of the body, being examined, were found healthy.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

APRIL 9th.—*Transformation of the Cysticercus into Tænia*.—Dr. ABBOT referred to a statement in the Gazette Médicale, on the authority of Küchenmeister, to the effect that the tænia in man is produced by the transformation of a cysticercus which has been introduced into the intestines in pork. Wawruch has made the remark that Jews are exempt from tænia, whereas butchers are particularly liable to it. On the other hand, the *débris* of the tape-worm, when devoured by swine, are said to reproduce the cysticercus in that animal. Dr. A. inquired if any gentlemen present could confirm this statement by facts within their own knowledge.

Dr. ELLIS said that he heard the same statements made in 1850, in Vienna, and experiments upon dogs were alluded to, which had conclusively established the fact.

Dr. PARKS mentioned experiments by Siebold, who gave livers affected with cysticerci to dogs; tæniæ were produced, or, at any rate, were subsequently found in them.

[At the next meeting (April 23d), Dr. GOULD spoke of the primary condition and habitat of the cysticercus. There are plausible reasons for supposing it to have its nidus in *swine*. It is most commonly met with in butchers and dealers in provisions; the only two cases seen by Dr. G. (and both of which were aggravated instances) occurred, one in a butcher



and the other in a pork-merchant. It is possible that, among other ways, the germs of the cysticerci may be introduced into the system in those who follow these occupations, by holding the knife used in cutting the meat between the teeth.

In the Edinburgh Monthly Journal for June, 1855, the details of a case of tape-worm are reported by Dr. Creighton, and a cure is stated to have been "effected by causing the patient to abstain from animal food." In the Edinburgh Medical Journal for July, 1855, an extract of the recently-published investigations of Dr. Küchenmeister, of Zittaux, is given.

M. Küchenmeister had an opportunity of "practically testing the possibility of the conversion, in the human intestines, of the cysticercus, in its different varieties, into the *tænia solium* in the case of a criminal condemned to death, having been allowed to perform a *post-mortem* examination.

"At different intervals before the day of execution, varying from 130 to 12 hours before that period, 75 cysticerci, which had been exposed to the action of the atmosphere from 70 to 132 hours, were administered to the subject of these experiments.

"Forty-eight hours after the execution, a *post-mortem* examination of the body was made in presence of several professors; and although the short period which had elapsed since the administration of the animals afforded little chance of a result in favor of the hypothesis, there were found, upon investigation, four small *tæniæ* in the duodenum, and six others, less perfectly developed, were discovered in the water with which the intestines were washed. No traces of the entozoa swallowed were to be found in the whole alimentary canal, the remainder having probably perished there. The cysticerci employed were procured from the bodies of pigs, hares, &c.

"From these facts the author concludes that—

"1st. In man the cysticercus becomes transformed into the *tænia solium*.

"2d. The mode of transmission of the *tænia solium* is the same as that of all entozoa proceeding from cysticerci, and generally from all kinds of *tæniæ*.

"3d. The entrance of the *tænia solium* into the alimentary canal results from the swallowing of cysticerci contained in raw articles of diet, or in those substances cooked and which have become cold, as they are often found exposed for sale in eating-houses and such like places."—*Weiner Med. Wochenschrift*.]—SECRETARY.

APRIL 23d.—*Supposed Abdominal Tumor; Actual Pregnancy*. Reported by Dr. STORER.—March 19th, visited Mrs. C——, Emerald st., who imagined that she had some abdominal tumor. She had been married one year; the menstrual periods had recurred very irregularly, and had not returned for several months past. Her abdomen was considerably enlarged, and presented the appearance of pregnancy. Dr. S. told her that she was probably pregnant, and that an examination would determine the matter. She was much annoyed at the expression of an opinion that she was probably *enceinte*; she said such a thing was *impossible* in her case, as "she was differently formed from other women," and she was positive that she could not be pregnant. The husband immediately observed that he was unable to persuade her to marry for a long time, so strongly was she impressed with this belief; it might be the case that some peculiarity existed, as he was entirely ignorant what the natural appearances should be.

Dr. S. examined her breasts, and, to his surprise, found that they resembled in all respects those of the virgin; no change of color, no fulness;

no enlarged papillæ. She was told that so far as the breasts were concerned there were no evidences of pregnancy existing; upon examination of the abdomen, however, the pulsations of the fetal heart were heard as distinctly as he had ever noticed, and from the appearances presented by the cervix uteri upon examination *per vaginam*, the patient was pronounced to be about six months advanced in pregnancy. Dr. S. said he had never met with such a case, where the areolæ did not satisfactorily settle the question as to the existence of the pregnant condition; within a few days, however, he had seen an account of a similar case, originally reported by Prof. Simpson to the Edinburgh Obstetrical Society, and now collected with his papers which are in course of publication.

Dr. Storer added that he reported this case to the Society not because the woman was mistaken as to the character of the abdominal tumor, but as being unique, from the pregnancy not being indicated by the areolæ.

APRIL 23d.—*Passage of a branch of one of the brachial nerves through a vein.*—The specimen, which was exhibited to the Society, was met with by Mr. L. M. SARGENT, while dissecting, and was examined by Dr. O. W. HOLMES, who remarked that it tended to show the development of nerves to be anterior to that of veins. The vein was divided about equally, and the two portions were immediately re-united after the passage of the nerve.

APRIL 23d.—*Roseola apparently contagious.*—Dr. MINOT reported four cases of roseola, occurring in the same family, in such regular succession that the disease would seem to have been contagious. The *first* patient was a little girl of 8 years, upon whom an eruption of fine red spots, with a uniform blush in some places, and a blotchy, morbillic look in others, appeared on Thursday, March 8th, 1855. The rash covered the body and limbs, was not raised, and disappeared under pressure. The skin, where not invaded by the disease, was of the natural hue. There was no itching, no cough, coryza, nor sore throat. The eruption lasted four days, and was followed by no desquamation. There were no constitutional symptoms. The *second* patient was the mother of the above, who was attacked on Thursday, March 15th, exactly a week after the first, with the same rash, which was preceded, in the night, by chills, and accompanied by severe pains in the limbs (particularly in the thighs), loss of appetite, &c. These symptoms lasted a day or two only. The eruption disappeared at the end of four days without desquamation. The *third* case was that of a girl of 11. The disease made its appearance on Thursday, March 22d. She had no general symptoms, and was free from the rash in four days. The *fourth* patient, a boy of 6, broke out on Thursday the 29th, without constitutional symptoms. The eruption was exactly the same as in the cases of his mother and sisters. Like them, he had no sore throat, nor desquamation, and was well in four days.

Dr. PUTNAM asked if there was sore throat in these cases?

Dr. Minot said there was not.

Dr. COALE had lately had cases which seemed to be abortive attempts at scarlatina and roseola; and, subsequently, there occurred an effort of nature at setting up varioloid, which, however, was not declared. In one instance a child was thought to have measles, but Dr. C. was informed that it had passed through both measles and scarlet fever. The father of this same child appeared to be on the eve of having varioloid, but he told Dr. C. that he had already had it. In yet another case, there was, apparently, an eruption of measles, and then twelve pustules of varioloid came out upon the face and body; the patient's wife subsequently had varioloid. It seemed impossible to classify these eruptions.



Dr. Minot said that, during the past winter, he had a case which seemed at first entirely like threatened measles; but shortly varioloid was declared.

Dr. BLAKE saw many similar instances at South Boston, some years since; measles were at first looked for, but varioloid appeared.

Dr. STORER thought this antecedent eruption not uncommon before varioloid.

Dr. Coale said that he was familiar with the blush referred to by Dr. Storer, and which is so frequently noticed previously to the appearance of varioloid; in his cases, however, it was a complete eruption, covering the whole body; the eyes red and watery, as observed in measles.

Dr. PUTNAM had noticed, during the month of March, a marked frequency of efflorescence upon the skin, and which was apparently communicable. He remarked that Bateman refers to a case in which variola and rubeola were thought to be co-existent, so strong were the signs of each. Dr. P. added, that he once had a patient in whom petechiæ followed the other manifestations, and death occurred.

Dr. INCHES referred to two cases where rubeola had been anticipated, but varioloid was finally declared. Mr. Erasmus Wilson alluded to this as not very uncommon.

[In the *Edinburgh Medical Journal* for July, 1855, Dr. W. T. Gairdner made some remarks before the Medico-Chirurgical Society of Edinburgh, upon "Certain anomalous cases resembling variola and scarlatina." Dr. G., after noticing the occasional strong resemblance which some forms of syphilitic eruption bear to variola, mentions that "during the past winter he had witnessed a number of cases which he was disposed to consider as irregular forms of scarlatina." The regular type of the disease had been observed in many places in Scotland, and also in London. Several cases were observed by Dr. G. among dispensary patients, in which those submaxillary and cervical suppurations and acute swellings, so often accompanying scarlatina, existed. One case resembled roseola far more than scarlatina, and an account of it was published as of "doubtful exanthematic disease." Retardation of the eruptions of smallpox and scarlatina had been repeatedly noticed by Dr. Gairdner, and also by Dr. Hamilton, of Falkirk, who is styled "a good authority on scarlatina;" but this is noticed for the most part in severe cases.

Dr. J. D. Gillespie had seen a case, in an infant nine months old, of the appearance of a second eruption in scarlatina. "A copious florid eruption" was first observed, with other "ordinary symptoms;" a fortnight afterwards, severe coryza came on, and a very extensive eruption appeared, "resembling somewhat closely the eruption of measles." It remained out two days, and then death occurred after swelling of the parotid and cervical glands. Seven children in the same family had recurrence of scarlatina on the reliable evidence of the father, "a retired medical man and a careful observer."—SECRETARY.]

### Bibliographical Notices.

*History of the American Medical Association, from its Organization up to January, 1855.* By N. S. DAVIS, M.D., Professor of Principles and Practice of Medicine and Clinical Medicine in Rush Medical College; Member of the American Medical Association; Physician to the Mercy Hospital, Chicago; &c. &c. To which is appended—

*Biographical Notices with Portraits of the Presidents of the Association, and of the Author.* Edited by S. W. BUTLER, M.D. Philadelphia: Lipincott, Grambo & Co. Pp. 191.

The substance of this volume appeared originally in the "New Jersey Medical Reporter." It constitutes quite a thorough account of the proceedings of organization and a history of the successive meetings of the Association for the period of time specified. A large part of the mere details of the meetings is already in the possession of the members of the Association in its published volumes. It will not be necessary for us to refer to these familiar topics. We do not doubt that the declared intention of Dr. Davis in preparing this collection of papers, will, in a great measure, find its realization; and in the words of the editor, Dr. Butler, we hope that the author will be "amply repaid for his disinterested and arduous labors, by the continued prosperity and success of a movement, of which he is both the originator and historiographer."

Dr. Davis tells us, on page 20, that Dr. John McCall, of Utica, offered a preamble and resolution at a meeting of the "Medical Society of the State of New York," in 1839, which constitute the first record of an attempt at forming a National Medical Convention. The endeavor was then unsuccessful; but a subsequent trial, after a preamble and resolutions by Dr. Davis, at a meeting of the same Society, in 1845, resulted in the first meeting of delegates and members, in New York city, in 1846.

We believe there can be but one opinion, at the present time, in regard to the influence of the Association upon the profession and upon the community. Doubtless, as is the case in all such attempts, much remains to give completeness and thorough efficiency to the action of so large and heterogeneous a body. In so far as Dr. Davis's book will serve to keep the subject prominently in view, with all its accompanying matters of interest and importance, its publication will be of service, and it is well to have the "history" of the formation and progress of the Association in a separate form. Beyond this, there is comparatively but little added to what has previously been placed in the hands of the members. The author has compiled these papers with care, and, as he states in his "Preface," "in the midst of the most arduous and professional duties, and without the possibility of commanding time for a careful revision." He likewise offers a reasonable apology for the frequent mention of his "own name throughout the work."

The "Appendix" consists of about 50 pages, is devoted to biographical notices of the Presidents of the Association, and closes with one of the author.

We cannot say that we admire the portraits interspersed throughout the volume. That of Dr. Mussey is the best, most natural and life-like. Dr. J. C. Warren's comes next in point of accuracy of representation and excellence of mechanical execution. The rest may be *correct* likenesses, for aught we know, but they must, like the great majority of daguerreotype views of the human face and figure, lack the easy attitude and conversational aspect which it is so desirable to observe in the artistic representation of any friend, and which we trust the rest of the gentlemen portrayed in this volume possess in a far higher degree than we might suppose from their likenesses as therein given.

Certain typographical errors have escaped the eye of the proof-reader, which, though not of essential importance to the mass of readers, are, in the case of the names of individuals, of consequence to *them*. We do not know but Professor E. R. Peaslee would recognize himself as "Dr. E. H.



Peaslee, of N. H."—(p. 25); and no one can mistake *Walter J. Burnett, M.D.*, for the lamented *Waldo I. Burnett*; yet it would seem needlëss to have even these mistakes. What, in our opinion, is more striking, is the following wording of a portion of the title page:—"To which is appended biographical notices, &c. &c." On page 189, we see that Dr. Davis is "*nullius addictus furare (j.) in verba magistri.*" If we were in Dr. D.'s place, we think we should become *addicti jurare*, or at least (changing another letter in the word), *furëre* a little!

The publishers have issued the work in their usual commendable style; paper, type and binding, are alike excellent.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, AUGUST 30, 1855.

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### THE BOSTON VETERINARY INSTITUTE.

THE importance of an institution which should be able to disseminate sound instruction on the subject of veterinary medicine, and supply the community with a class of competent veterinary surgeons, will be at once acknowledged, when it is remembered to how great a degree we are dependent upon domesticated animals for our pleasure, our support and our wealth. Like the human species, they are subject to a great variety of maladies which can only be efficiently controlled or relieved by a thorough acquaintance with their anatomy, physiology, pathology and hygiene, and with the remedies best adapted to the cure of their diseases. The amount of ignorance which prevails, in this country at least, upon the subject, is very great, and yet it is but little appreciated, even by those who are most likely to suffer from it. The most valuable animals, when sick, are frequently confided to the care of horse-doctors and cattle-doctors, who are as ignorant of the principles of veterinary medicine as they are rash and unskilful in its practice. With a few exceptions, this class of practitioners, with us, have had no regular education to qualify them for the exercise of a profession which requires in some respects more knowledge, as well as a higher sagacity, than is called for in the treatment of the human patient; for the physician is deprived of a most important source of information, both in the detection of symptoms, and in the effect of remedies, from the incapacity of the sufferer to describe his own sensations.

Incompetent, as too many of our veterinary surgeons are, we believe that even in its depressed condition among us, the profession yields a handsome return to those engaged in its practice, and there is no doubt that surgeons, properly qualified by a regular course of study at some institution of known reputation, would find a rich field for the exercise of their art in our community, where valuable animals are often sacrificed, either in consequence of the ignorance of the doctor, or from the skepticism of the owner, who in despair refuses all medical interference. The profession has hitherto been looked upon as rather beneath the notice of an educated and cultivated man; though upon what grounds, we are at a loss to conceive. In order to become accomplished in it, one must spend years in patient study, in attendance on lectures and clinical instruction, and in dissection. He should be familiar, to some extent, at least, with all the different branches which are required for the ordinary practitioner of medicine and surgery; and an acquaintance with those departments of science which have no immediate

bearing upon veterinary medicine, will tend indirectly, by promoting habits of observation and investigation, to qualify him for the study and treatment of the maladies of the brute creation. In England and France there are several schools for instruction in this branch of knowledge, which offer every advantage that can be desired. That at Alfort, near Paris, has long been celebrated. It contains about 300 students, and the course of study, which extends through four years, embraces lectures on anatomy, chemistry, botany, materia medica and pharmacy, veterinary surgery, with operations, and the practice of medicine as applied to animals. The use of the forge is also taught.

We are glad to see that there is a prospect that this subject will receive among us that attention which it has so long needed. In May last, an act of legislature was passed, incorporating the "Boston Veterinary Institute," the object of which is to afford ample instruction to persons desirous of qualifying themselves for the practice of veterinary medicine and surgery. The plan of instruction includes lectures on the Anatomy and Physiology of the Horse, on Theory and Practice of Veterinary Medicine and Surgery, and on Cattle Pathology. Students will also be allowed to attend the lectures on Chemistry and Pathological Anatomy in the medical department of Harvard University, and Clinical Lectures will be given by the Faculty.

The officers of the Institute consist of the following gentlemen:—D. D. Slade, M.D., President; George H. Dodd, Prof. of Anatomy and Physiology; Charles M. Wood, Prof. of Theory and Practice; Robert Wood, Prof. of Cattle Pathology. D. D. Slade, M.D., John W. Warren, M.D., George Bartlett, M.D., and Charles Gordon, M.D., Board of Examiners.

We hope that this effort in behalf of a noble and useful purpose, will meet with a corresponding encouragement from the community. Without assistance at this early period of its organization, the School will not be able to sustain itself. All who own horses or stock, should contribute something towards an enterprise which will be a benefit to them. It is hoped that the next legislature will make the Institution a handsome grant. When money is so freely lavished on botanic colleges and female medical schools, it surely ought not to be withheld from an object whose practical utility will, we presume, be questioned by no one.

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#### SANITARY REFORM A PREVENTION OF DISEASE.

It is a subject of congratulation and thankfulness, that, while many of our cities are desolated by pestilence, Boston has seldom been more free from disease during the summer months than at the present time. It is a general remark among our *confrères* that they have hardly any business to attend to, and many avail themselves of this time of leisure, to exchange the routine of labors and care incident to the physician's life, for a few days' enjoyment in the country or at the sea-shore, where there is no night-bell to disturb their slumbers. It is true, cholera infantum and dysentery prevail to some extent; but the greater number of cases of these diseases are confined to the practice of the dispensary physicians, occurring almost exclusively among the children of the foreign population, whose habits and circumstances bid defiance to the laws of health. It is true that a large part of our population is absent, seeking refreshment in the neighboring towns or at the beaches; but the absentees comprise that portion of the inhabitants, whose condition and habits would enable them generally to resist the attacks of those maladies which prevail in the city during summer. Why is it that Boston, situated in a northern climate, exposed to the most



intense cold in winter, to the fiercest heat in summer, and to the damp, piercing east winds of spring, should be a healthy city?

The answer to this question is to be found chiefly in the excellent hygienic condition of our city, which it owes partly to its favorable position for drainage, but more to good sewerage and cleanliness, to the careful removal, so far as possible, of every source of disease, to the supervision of the Board of Health, the active exertions and wise councils of the City Physician, and last, not least, to the medical profession generally, who have never ceased to urge the importance of sanitary reform, as the great means of *preventing* disease, a far easier and more economical thing than *curing* it. We believe there are few cities whose sanitary condition is better than ours. The supply of water is abundant and pure; the sewers are most carefully constructed; the vaults and cess-pools are frequently cleansed; the streets are regularly swept; the house offal is daily removed from our dwellings in covered carts; the cargoes of vessels are inspected before being landed on the wharf. Although there has been no indication of a return of cholera this summer, a special hospital has already been organized for the reception of patients, should we be again visited by that pestilence.

The beneficial effect of these sanitary measures has already been realized in the few visitations of cholera to which we have been subjected. While other large cities have often been desolated by this scourge, Boston has suffered lightly in comparison, and almost every case has occurred in ill-drained, ill-ventilated and filthy courts, alleys and cellars, while the higher and cleaner parts of the city have almost wholly escaped.

We notice with satisfaction that the city of Chicago, which has been repeatedly subjected to extensive and fatal outbreaks of cholera, has at last awakened to a sense of the importance and feasibility of improving its hygienic condition, and thereby in a great measure preventing a gigantic evil which no art can cure when once established. The position of Chicago is by no means favorable for drainage, the city being scarcely elevated above the lake upon which it is situated, and being built upon a soil so loose, that it is necessary to lay down planks, to prevent vehicles from sinking into the mud of the streets. Of course, filth of every kind accumulates beneath these planks, and becomes a frightful source of disease, especially in hot weather. We learn that the city authorities have engaged Mr. Chesbrough to superintend the construction of a system of sewerage. He has already rendered important services to Boston, as City Engineer, and, we doubt not, will overcome all the difficulties in the way of establishing proper drainage in Chicago, and render that important place comparatively healthy at all seasons. We would earnestly commend this example to the attention of all cities suffering, or likely to suffer from the attacks of epidemic disease. Good drainage and clean streets, and other sanitary measures, may not be able absolutely to abolish yellow fever, cholera, intermittent fever and other maladies; but just in proportion as they exist, is the amount of sickness and mortality from these epidemics diminished.

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*Deaths in Boston for the week ending Saturday noon, Aug. 18th, 125. Males. 55—females, 70. Accident, 1—inflammation of the brain, 2—consumption, 20—convulsions, 2—cholera infantum, 17—croup, 1—dysentery, 15—diarrhoea, 1—dropsy, 1—dropsy in the head, 4—drowned, 3—debility, 2—infantile diseases, 15—scarlet fever, 1—hooping cough, 1—disease of the heart, 2—disease of the kidneys, 1—inflammation of the lungs, 3—congestion of the lungs, 1—disease of the liver, 1—marasmus, 1—measles, 2—old age, 5—pleurisy, 1—smallpox, 2—teething, 16—thrush, 2—rheumatism, 1—unknown, 1.*

Under 5 years, 80—between 5 and 20 years, 6—between 20 and 40 years, 21—between 40 and 60 years, 8—above 60 years, 10. Born in the United States, 95—Ireland, 24—British Provinces, 2—Germany, 2—at sea, 1—unknown, 1.

*M. Valleix.*—This distinguished physician died of malignant sore throat, on the 12th of July last, after a short illness. His remains were accompanied to the cemetery of Mont Parnasse by a large number of devoted friends. The orations at the tomb were delivered by MM. Barth, Goupil, Latour, and his old master, Louis, who was much affected. M. Valleix was a man of great erudition, and intimately acquainted with the contemporary medical literature of England. To strangers he was accessible and polite, and to not a few in this our northern metropolis, his memory is endeared by many acts of friendship. His chief works are—the *Guide du Medicin Practicien*, the *Traite des Neuralgies*, and the *Clinique des Maladies des Enfants nouveau-nés*.—*Edinburgh Med. Journal.*

*The Physiological Errors of Teetotalism.*—In a brilliant article with this title in the current number of the *Westminster Review*, we are informed, that some years ago the public were told that bread was poisoned with gin, and that in consequence, a company was started, for the manufacture of a new kind of bread, free from the danger of causing intoxication. For a while the new company succeeded. But a bold baker opened a shop in opposition, announcing "*Bread with the gin in it*," whereupon the British public bought his bread largely, and have continued to eat it, with its contained gin, without injury. "We," says the reviewer, "are about to emulate that baker, and meet teetotalism as boldly as he met the anti-gin bakers;" and thereon he proceeds to demolish Dr. Carpenter's work on Total Abstinence, to upset the doctrine that alcohol is a poison and not food, and to prove (which he does to our satisfaction), that alcohol is food, and that use is not the same as abuse.—*lb.*

*Extraction of a Uterine Pessary from the Bladder.*—By Dr. UYTTERHOEVEN.—This case occurred in a young woman who, on account of uterine displacement, required the use of a pessary *a tige*. Some time having elapsed after the introduction of the instrument, during which period the patient had neglected to withdraw and clean it, ulceration took place, and gradually perforated the vesico-vaginal wall. The pessary thus opened a passage for itself, by which its ivory head became introduced within the bladder, whilst the stem, which was of metal, was tightly grasped by the fistulous opening, and remained in the vagina.

The attempts to break the "cuvette" or head of the instrument having failed, M. Uytterhoeven, after placing the patient under the influence of chloroform, slipped a curved probe-pointed bistoury along its stem, and, guided by the index finger, entered it within the bladder by the morbid opening, which he then largely dilated, and easily withdrew the pessary entire. The subsequent treatment and history of the case offer nothing of particular interest, except that a urinary fistula remained after the operation.—*Gazette Med., May, 1855.*

*Amenorrhœa without Constitutional Disturbance.*—Dr. WEIR communicated to the Obstetrical Society of Edinburgh the case of an adult, who had enjoyed uninterrupted good health up to the age of 23, when she was suddenly seized with head symptoms, and died after a few hours' illness. On a *post-mortem* examination, a cancerous tumor of the brain was found, though no symptoms had previously existed indicative of any such lesion. The uterus and appendages were infantile in size and appearance.

*Guano as a Preventive in Yellow Fever.*—Commodore COOKE, of the U. S. Ship St. Louis, has published a card recommending the use of guano, as a prophylactic against yellow fever. He states, that having had a bag of guano on the berth deck for several months, he visited Rio, where the fever prevailed, in company with the frigate Brandywine. After remaining in port sufficiently long to water and provision the ships, they proceeded to sea, where the disease soon made its appearance on board the Brandywine, carrying off several of the officers and a number of the crew. The St. Louis escaped entirely. Some months afterwards, being obliged to visit the port again, where the fever was still raging, he distributed the guano more equally, and after remaining in port several days, put to sea, the ship remaining entirely free from malignant diseases. It is not stated what was the hygienic condition of the St. Louis, as compared with that of the Brandywine.



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CASES OF CONGENITAL ICHTHYOSIS AND UMBILICAL HEMORRHAGE.

BY AUGUSTUS A. GOULD.

[Communicated for the Boston Medical and Surgical Journal.]

IN the Extracts from the Records of the Society for Medical Improvement (II. 44), are published two cases of congenital disease of the skin, reported by me in 1853, accompanied by other phenomena somewhat curious. A third, almost identical in character, has occurred to me in another child of the same parents; and as I find no similar cases on record, it may be of service to present them in connection.

The parents are cousins, and healthy; the father with dark hair and very fair skin, the mother dark-sandy haired, slightly freckled, and perhaps a little affected with a furfuraceous scurf. Their first child, male, was born in 1841, somewhat prematurely, weighed five and a half pounds, had the skin affected as in the next case, though much more severely, so that the skin was everywhere very rough, and in many places broke into bleeding fissures. It lived sixteen days, and died hydrocephalic, the head being gradually distended to a large size. The mother attributed the peculiar condition of the skin to her having been startled by a tortoise during pregnancy. No autopsy. Three healthy children succeeded this one.

The fourth child was a male, born October, 1853, after a normal and very happy labor under the effects of sulphuric ether for the last three hours. It weighed nine pounds. The skin looked whitish, as if thickly coated with smegma, was harsh to the touch, and appeared as if incrustated with delicate spicula, or fine sand; this, however, was not the case. After washing, the head was found nearly destitute of hair, but here and there, at intervals of perhaps an inch, were little tufts or pencils of a few fine hairs about half an inch in length, closely twisted together, and reminding one of the tightly-wound locks of the Bushman. Other parts of the head were covered with a very fine down, such as is usually found on the shoulders of new-born infants. Over the eyebrows the skin seemed to be raised into rigid points of a pearly-white color; the face and lips were nearly natural; on portions of the back, along outer and anterior faces of the arms and legs, and

about the nates, were pearly granular patches, more or less rough and rigid, varying from the roughness of fine sand-paper to that of the plantar surface of a dog's paw; but elsewhere the skin, on drying, became like tissue paper, loosely attached to the cellular tissue beneath, and like it presenting whitish fracture-lines wherever folded. It must have been quite unfitted for transpiration. After three or four days a considerable exfoliation took place, and the skin became more supple.

The first alvine discharges were colorless, and none with the usual appearances ever appeared. The child nursed at once and fed plentifully. The discharges were frequent, seven to ten daily, copious, having at first a putty-like consistence, with a peculiar odor, afterwards becoming thinner, less offensive, and after the use of hydrarg. cum creta, of a straw-yellow color. Most of the ingesta were discharged without being much altered. The skin very soon became jaundiced, and the urine, at first limpid, became amber colored.

The cord separated on the fifth day; on the ninth, oozing of blood was noticed at the umbilicus; lint saturated with tannin was applied under a compress, and no blood flowed for fifteen hours; it then issued rapidly, and by report of nurse, in a thread-like jet. Nitrate of silver was applied, and the bleeding ceased for five hours, when it burst out again. The extremity of the cord was drawn out and a ligature applied to a portion of it; alum, collodion, pressure, and various other means were used without much effect, and death took place November 6th, on the third day after the hemorrhage commenced. A slight exudation of blood was noticed at the anus, though no blood was seen in the evacuations. No ecchymoses were anywhere discovered; the peculiar state of the skin would not have shown them.

The umbilical vessels were all found pervious. The liver was very dark colored, friable, gorged with blood; gall-bladder flaccid, containing about a drachm of clear fluid, much like synovial fluid, in which a few flocculi floated. On very careful examination both the cystic and common ducts appeared to be impervious.

CASE III.—A female child of the same parents, born under the use of ether January 31, 1855, weighing eight and a half pounds, had the skin affected precisely as in the preceding case, perhaps less gravely, yet so as to be readily recognized by the touch, before birth. The first evacuation was dark, like ordinary meconium, the subsequent ones becoming straw-colored, and finally quite white. The funis separated on the fifth day; on the sixth the skin became jaundiced, and hemorrhage at the umbilicus occurred; little effort was made to check it, and death supervened on the eighth day.

The umbilical vessels were pervious; the liver congested, and of a bronze-green color; gall-bladder nearly empty, there being only a little gelatinous or honey-like fluid; cystic duct closed, as was the hepatic duct so far as could be made out; common duct freely



open, and dilated near the junction. Intestines unusually pink-colored, with a little meconium still in the cæcum; appendiculus cæci very long, stretching up to the arch of the colon.

This singular affection repeating itself again and again in the same family, must be considered as remarkable. I have called it ichthyosis, though on consulting dermatologists I do not find them agreed on the pathological state of the skin or its etiology. Wilson, ordinarily the very best authority, regards it as a product of the sebiferous follicles thrown out in unusual quantities and formed into scales or spurs by successive concretion. Other authors, Roux, Cazenave, Simon, Willan and Green, regard it as an affection of the papillæ, by which either they throw out an extraordinary amount of epidermoid matter, or do themselves undergo a hypertrophied degenerescence. From observation of the above cases I should coincide with the latter authorities; indeed, Wilson's very description of the spires, that "they are sub-fibrous and obscurely laminated; the surface more or less jagged, the apex somewhat split," would by no means point to indurated *sebaceous* matter. It would seem as if he must have an affection in view quite different from the ichthyosis of others, when he speaks of his simplest form, *I. squamosa*, as appearing on the face, nose, abdomen, and flexures of the joints, where are most sebaceous glands, and most immunity from friction of the clothing; whereas, according to others, it almost never occurs on the face, but on the outer surfaces of the limbs, knees, elbows, &c., as in Wilson's second form, *I. spinosa*, just where there is most friction, and where epidermic development is to be expected. The description most in accordance with our cases is that of Green.

Ichthyosis has been divided into accidental and congenital; and yet all authors agree in stating that *it never exists at birth*. Cazenave states that the child presents no symptoms of it at birth, but that it becomes developed about the ninth week. Wilson says that "in rare instances it appears a few days after birth, but more frequently shows itself for the first time at the end of two or three months." Green says, however, "it is almost always congenital; at all events, it appears at a very early period of extra-uterine existence." No one speaks of it as it appeared in the above cases.

It is said to occur for the most part in males, often going through with the males of several successive families. In these cases, it will be noticed that there was one male and two females.

Another point of interest is the coincidence of hepatic obstruction and jaundice, to which death in the two last cases was doubtless attributable. At first one would suspect some intimate relation between them; but since we do not find hepatic trouble alluded to as involved in the numerous cases observed by others, we must conclude that it was purely accidental in these. But the supervention of hemorrhage is specially worthy of note, as adding new instances to the many cases already observed of the sequence of hemorrhage and jaundice. The biliary ducts were quite ob-

structed in the second case, and no passage could be detected in the third ; but as there was a discharge of dark meconium in the latter, it is not improbable that some opening at some time existed.

*Boston, August 20, 1855.*

MEDICAL TOPOGRAPHY, EPIDEMICS OF THE UNITED STATES, &c.  
COMMITTEE OF THE AMERICAN MEDICAL ASSOCIATION.

[Communicated for the Boston Medical and Surgical Journal.]

At the last annual meeting of the American Medical Association in Philadelphia, May, 1855, a committee was appointed, of one member from each State and Territory, and one from the Army and one from the Navy of the United States, to report upon the medical topography and the epidemic diseases of the United States, and the most successful treatment of the latter.

A circular was issued, signed by several members of this committee, viz., by James W. Thomson, M.D., of Delaware ; Jacob M. Gemmil, M.D., of Pennsylvania ; G. Mendenhall, M.D., of Ohio ; J. H. Beech, M.D., of Michigan ; Joseph Mauran, M.D., of Rhode Island ; and Thomas Miller, M.D., of the District of Columbia, requesting the members to assemble at Newport, on Tuesday the 14th day of August ; and on that day, in the Redwood Library, Drs. Thomson of Delaware, Smith of New Jersey, Perkins of Vermont, Mauran of R. Island, and Shattuck of Mass., were present. The meeting was called to order, at 10, A. M., Dr. Thomson was chosen chairman, and Dr. Mauran Secretary.

On motion, it was voted, unanimously, that Drs. Dunn and King, of Newport, and Dr. Steiner, of Baltimore (all permanent members of the Association), be invited to participate in the discussions of the committee.

*It was voted*—that the first business in order be the reading of communications from members of the committee not able to be present, viz., Drs. Weston of Maine, Peaslee of New Hampshire, Mendenhall of Ohio, Sutton of Kentucky, Beech of Michigan, Has-kins of Tennessee, and Wroth of Maryland.

After the reading and due consideration of these communications and a free interchange of opinions, a sub-committee was constituted by the appointment of Drs. Perkins, Smith and Shattuck, to take the subject of the communications and views of members into consideration, and to report at the next meeting ; and the committee adjourned to meet at the same place at 5 o'clock P. M.

The committee came together at the appointed time, when the following report was made and adopted :—

*Report of the Sub-Committee.*

“ The written communications of those absent and the expressed opinions of those present show there is but one opinion on the part of all as to the importance of prompt and effective measures being at once taken to secure the collection of such facts and his-



tories as may enable the committee to draw up their reports satisfactorily. The subject matter is so vast that many collaborators are needed. Each member of the committee has the power to associate with him any professional brethren who may be able and willing to take part in the work. Very valuable aid can be rendered by State and County Societies, whose co-operation it is advisable to invite. At the same time some members of the Committee are mistaken in supposing that the reports must first be made to, and adopted by, a State or County Society. A proposition to this effect was made, but was *not* adopted by the Convention—one obvious reason for this refusal being found in the fact that there are no such societies in many States and Counties.

“Your Sub-Committee think it desirable to try to get the histories of all epidemics which have prevailed since the settlement of the country. Our reports must be made by the first of May, 1858, but we must at once set about seeing what materials we can get together. A general appeal to all members of the profession seems desirable, and a form of circular is subjoined, which it is proposed to send out as extensively as possible. Each member will make his own researches according to time and facilities, and in this way, when the Committee next come together, they may hope to have a mass of material, from a careful examination of which, shape and direction may be given to the reports.”

At a meeting of the Committee at the same place, on the 15th of August, Doctors Mauran and Shattuck were appointed a Sub-Committee to print and send the circulars to the absent members, with an account of the proceedings.

On motion by Dr. Smith, seconded by Dr. Shattuck, it was

*Voted*, That the thanks of this Committee are hereby cordially tendered to the proprietors of the Redwood Library, for the free use of their commodious rooms, and also to our medical brethren at Newport, Doctors Dunn and King, for their continued courtesies and elegant hospitality extended to all the members of the Committee whilst sojourning in their city.

*Voted*, That the proceedings be signed by the Chairman and Secretary.

*Voted*, That this meeting is now adjourned to the first Wednesday in May, 1856, at the city of Detroit.

JAMES W. THOMSON, M.D., *Chairman*.

JOSEPH MAURAN, M.D., *Sec'y*.

#### CIRCULAR.

The Committee of the American Medical Association “on Medical Topography, Epidemic Diseases and most successful treatment thereof,” address you this circular in their endeavor to get together materials for a medical history of the country. Please communicate to the address of the undersigned, any and all information which may enable him to make a report, in which due credit will be given to each collaborator, and his name mentioned in connection with facts and histories furnished by him.

Please mention everything that has been printed or published about the medical history of your district, any topographical account or histories of particular epidemics, and say how far your own observation enables you to vouch for facts therein presented.

Geological and physical charts are very desirable, as well as descriptions of peculiar features of country or city.

Please mention *all epidemics* of which you may have any knowledge, being particular to assign limits of time and space as exactly as possible, giving, in connection with each disease, the peculiar features of the country, city, ward or street where it prevailed, with slope of rocks, character of soil, meteorological records and observations, altitude above the ocean or adjacent bodies of water, character of the water, artificial changes as by cultivation, cutting down or planting of trees, sewerage, drainage, &c. &c.

Any supposed causes of disease, peculiar symptoms, post-mortem appearances, prevention, therapeutical influences, and all details of age, sex, nativity, occupation, &c., of individuals, and of the duration and severity of disease at different periods, proportion of mortality, &c. &c., should be given.

An early answer to this communication is desired.

[This circular will be signed by the respective members of the Committee of the several States through which it is to be distributed.]

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#### ŒDEMA IN INTERMITTENT FEVER.

Reported by JAMES B. COLEGROVE, M.D., Resident Physician, Buffalo Alms House.

THE frequency of occurrence of any disease, especially if it be difficult of cure, or fatal in its character, is perhaps reason sufficient for the publication of any record of cases, the particular mode of treatment employed, and the results thereof.

I do not doubt that every physician whose eye falls upon this page, has seen and treated *œdema*. Whether successfully or not, he may have comprehended fully the nature of the disease, its pathology, and the *modus operandi* of those means employed for its removal. I propose to detail, briefly, the history of a few cases of *œdema*, which have come under my observation and treatment, in the Buffalo Alms-house, having occurred in connection with, or subsequent to, a long course of intermittents. It is by no means seldom or uncommon, to see the feet and legs, as far as the knees, very considerably *œdematous*, while the patient is, or has been for some months, shaking three or seven times a week with ague chills. This condition exists very frequently in the case of the foreigner, who perhaps suffers the disease to run along one or two months before it is treated. His diet is miserable, principally salt meat and dry bread. Poverty obliges him at last to seek the charity of an alms house. So we find him broken down, with no appetite, and a quick pulse. The physician gives him good diet, and plenty of quinine and stimulants, and anticipates an easy cure. This he tries



for a fortnight. The ague yields; the appetite improves, but the œdema remains the same. This he follows up with diuretics in divers shapes, but accomplishes little, especially if the patient be two score and ten. Sometimes the œdema relapses into general anasarca, which is more difficult yet. I insert the following record of three cases.

CASE I.—Thomas Turrell, aged 25, Irish, laborer, two years in America. Entered about Sept. 1st, 1854, with intermittent fever, for which he was treated. The disease had existed forty days. The feet and legs as far as the knees were œdematous. On the 15th, the ague had subsided, and the patient was put upon diuretics. On the 1st October, I found him with general anasarca; loss of appetite; ague chills (having recurred) three a week; some head-ache and back-ache. Prescribed: Brandy,  $\frac{3}{4}$  ii.; quinine,  $\frac{3}{4}$  ii. M. Dose, one drachm to be given alternately before the chill. This treatment was continued, and I watched the patient closely every day. On the 12th, the ague ceased. I then discontinued the quinine and gave in its place tonic bitters, consisting of a decoction of Peruvian bark, orange peel, columbo, juniper berry, cinnamon and gentian, which I continued until the 20th. At this date the patient was unable to sit erect. Pulse 100; tongue slightly coated; appetite good, and general anasarca had supervened. The urine was *exceedingly* scanty and high-colored. In connection with the above treatment he was given a diuretic pill of ipecac, rad. scilla, digitalis pulv., aa. one gr.; et blue mass,  $\frac{1}{2}$  gr. Not the slightest effect was visible from these pills.

Oct. 28th.—Symptoms unchanged. Administered tinct. colchici et tinct. ferri mur., aa. gutt. x. ter die.

Nov. 11th.—The condition of the patient is precisely the same. I should have observed before, that the bowels were continually constipated. At this period it was deemed advisable to resort to purging, notwithstanding the excessive debility would seem to forbid it. Accordingly, we gave, hyd. sub. mur., aloes pulv. et jalap pulv., aa. gr. v. Mix. Take one every evening. The effect of this dose was so slight that we found it necessary to double the quantity, and gave it every other day.

Dec. 1.—The excessive debility of the patient induced us to discontinue purgatives, and again we resorted to diuretics. Infusion of juniper berry and cream tartar were given freely, with little or no apparent benefit.

Dec. 10th.—Symptoms unchanged. At the suggestion of Dr. Hill, the head physician, I have made several examinations with reference to disease of the heart, but cannot discover any unnatural sounds, nor irregularity in its contractions. The anasarca is undiminished, and the belly is somewhat distended with water. I had some notion to make a few punctures in different parts of the body for the purpose of drawing off the serum, but concluded that such a course would ultimately prove deleterious. Continued above treatment.

In this manner we continued to treat the patient, alternating in the administration of diuretics and cathartics, while no improvement obtained until Jan. 5th, when he was seized with typhus fever, to which he succumbed on the 12th. Accidentally, no post-mortem was made. I have given the history of this case in detail, because it is nearly the exact counterpart of numerous others which have occurred under my own observation. It is perhaps a question whether the means employed were proper, and whether they were best calculated to remove the difficulty. There was remarkable torpidity of the digestive apparatus, as evinced in the fact that large doses of cathartic medicines were required to produce a single evacuation of the bowels, while not the least effect was discoverable from the administration of diuretics.

CASE II.—James McIntosh, Irish, aged 35, a brick-layer by trade, entered Hospital Oct. 12. Has had intermittent fever every day for five weeks, and now has œdema of both feet and legs as far as the knees. This man was evidently very healthy (with the exception of the ague which had not been treated), and having a strong constitution, I anticipated an early cure.

I commenced by administering quinine daily, in doses of 5 grains each. The ague and fever yielded to this treatment in twelve days. I then put the patient upon tonic bitters and commenced giving diuretics in the form of pills, as above. This was persisted in for the space of twenty days, without improvement. The pulse 85; appetite good; urine high-colored and scanty. The œdema was confined to the feet and legs.

Nov. 20.—Ordered a cathartic of salts and senna to be given every other day for ten days. This was followed by tinct. colchicum, in doses of 20 drops, three times a day. Scarcely any improvement observed. Feet and legs both greatly distended with serum.

Dec. 15.—I bandaged both feet and legs as far as the knees, and ordered them to be kept wet with tepid water. Gave to the patient infusion juniper-berry and cream tartar freely.

Without pursuing the minutiae of this case any further, I will simply add, that very little, if any benefit was derived from this treatment. If I had really lost sight of the actual cause of the difficulty—if there was organic disease of the heart or liver, whatever may have been the fault, certain it is, the patient did not derive benefit from the continual use of diuretics and cathartics. During the whole time he was kept upon good nourishing diet. He went away Jan. 1, cured of the ague, but scarcely improved otherwise; was afterward re-admitted, having been treated by one of the physicians in the city of Buffalo, a month without benefit.

CASE III.—James Campbell, Irish, 41 years old, laborer, admitted to Hospital June 10, 1855. Says he was ill with intermittent fever two years; was treated by a physician during the whole time; and that the disease was controlled so far, that it was broken up several times. Feet and legs have been swollen for a



year. Had pneumonia in April last, from which he entirely recovered.

At this date the œdema extends to the thighs; the breathing is short, quick, and somewhat difficult; pulse 100, and wiry; tongue dry; considerable general fever and thirst; bowels constipated. We administered tinct. colchicum, twenty drops three times a day. To this Dr. Hill directed me to add tr. ferri mur., gtt. x., and infusion juniper et bitart. potass.

June 13.—Patient is restless; dyspnœa is increased, and no improvement in the other symptoms. We gave half a teaspoonful of the infusion of sanguinaria, with  $\frac{1}{4}$  grain of morphia once in four hours. Under this treatment the patient rested well.

June 20.—Face swollen and œdematous; also hands and arms. The scrotum is distended with serum; dyspnœa greatly increased; pulse 120; bowels constipated. A cathartic of aloes, jalap and cream tartar was given, which was followed by a slight evacuation.

June 23d.—The scrotum and prepuce are excessively distended by the effused serum, and the patient implored me to open them, for he declared “the water was killing him.” Dr. Hill punctured the scrotum, but with little benefit, as it immediately filled, causing the patient, if possible, more pain than before. We gave him a cathartic of twenty-four grains jalap and two drachms cream tartar, which operated briskly; but he continued to grow worse until July 3d, when he died.

There was no disease of the heart. The liver was slightly enlarged, otherwise healthy.

These two cases were the only ones attributable to anasarca as a cause of death, among many; but no disease could have resisted more effectually *all* means employed for its removal. Errors may have been committed in their treatment, either in a failure to comprehend the main cause of difficulty, or in an improper administration of those remedies which hitherto have proved successful in similar cases. I apprehend that the previous intemperate habits of these persons had much to do with their incurability.

I annex a table of fifty-eight cases, which occurred in the Buffalo Alms House, in the five months, from Oct. 1, to March 1, in which it will be seen that by far the greater number were of previous intemperate habits; and also, that the number in which there was œdema, is in proportion to the length of time that the fever had existed.

Of the 58 cases, 54 were of foreign birth, and 40 had not been in America more than five years.	Temperate habits.	Intemperate habits.	Under 50 yrs. of age.	Over 50 yrs. of age.	Feet & legs œdematous.	Total.
Number of less than 30 days standing,	3	14	15	12		17
Number of more than 30 days and less than 60,	3	12	10	5	3	15
Number of more than 60 days and less than 90,	4	8	6	6	7	12
Number of more than 90 days and less than 120,	4	5	3	6	7	9
Number of 120 days and upwards,	2	3	2	3	5	5
Total,	16	42	36	22	22	58

*Buffalo, Aug. 23, 1855.*

## TRANSMISSION OF SCABIES FROM THE DOG TO THE HUMAN SPECIES.

BY P. PINEO, M.D.

[Communicated for the Boston Med. and Surg. Journal.]

IN the last number of the Journal, I noticed a short article taken from the Dublin Medical Press, concerning the transmission of *Scabies* from the lion to man ; which comes in contact with M. Bourguignon's conclusion that itch is not transmissible from an animal to another of a different kind, and that each species has its own proper acarus. A case of considerable interest which happened in my practice a few years since, in Massachusetts, proved very clearly to me that the disease could be transmitted from the *dog* to man.

A family of very respectable standing called upon me to treat a number of cases of *eruptive disease*, with which they had been afflicted for months, and which had been prescribed for repeatedly by other physicians, with no beneficial results. The names of various eruptive diseases had been given to it, and it had been treated accordingly ;—the high position of the parties preventing a true diagnosis. Ascertaining that every member of the household (the family and servants) had the disease, and in part of the cases pustules had developed themselves in the papular form, I diagnosed *acarus scabiei*, and prescribed sulphur ointment. The cases which had not advanced into the pustular form, were cured by anointing a few times. The others were cured readily, though requiring longer time. Every few weeks or months, for a year or more, the family required a prescription on account of the return of the disease, and as readily it yielded to treatment. The frequent return of the malady perplexed and annoyed the parties ; they were scrupulously clean, having a bathing-room in the house, and all the family were washed daily with a strongly alkaline soap, but in spite of all the precautions used, the disease would again make its appearance. The unhappiness and discomfort of the family led me to think very much of the matter.

Dr. Watson believed that the complaint called the *mange*, in dogs, camels and sheep, had the same or a similar origin ; and I had also somewhere read that it had been supposed, persons sometimes received a disease similar to itch from animals.

A dog belonging to the family, with which the children had been in the habit of playing very much, was inclined to scratch himself almost constantly. On examination, I discovered the dog to have an extensive papular and pustular eruption about his groin and the flexure of the joints—the skin being quite red and the parts almost hairless. The form of the pimple and pustule was quite similar to those on the family. The disease was at once attributed to the presence of the dog as a domestic—the life of which was immediately destroyed, and the family have since enjoyed an immunity from what they very justly considered a *sore* affliction.

Queechy, Vl., Aug. 27, 1855.



## FREQUENCY OF TÆNIA IN ABYSSINIA.—TREATMENT.

IN speaking of the diseases of Abyssinia, I would begin with the most prevalent. Tænia, or tape-worm, is, on this account, certainly the first to be considered, for the whole Abyssinian population may be said to be afflicted with it. Out of above forty persons, male and female, whom I had as servants at one time, only two were exempt; and I should say that this was a rather larger proportion than would be found in a general average of the people. The cause of this complaint has been frequently made a subject of speculation; by many it has been assigned to the eating of raw meat; by others, again, to the great quantity of cayenne-pepper used by the Abyssinians. The first appears the most probable; but I have known many instances of persons—myself among the number—who had eaten raw meat in considerable quantities with impunity; while I have heard of others, even one or two Europeans, who had never touched it, and yet had suffered. Nearly two out of every three white men who have resided a few months in the country, have had it, and yet few of these had eaten very largely of the supposed cause of it; hence I should say that, if the cause be not in the climate or the teff-bread, it must still remain a mystery. The natives are in the habit of taking physic regularly once every two months, to relieve them of this malady, but as yet they have no means of completely curing it, the head of the worm (as they say) remaining as a germ, from which link after link is formed, till a future dose is required. In this I believe European doctors are nowise superior to the natives, for they have lately introduced into the Pharmacopœia one of the Abyssinian medicines, called kousso. This is the flower and seed of a tree which grows abundantly in some parts of the country. In Abyssinia, a supply sufficient for a man's life may be procured for 6*d.*, while in Europe a single dose, and that a very small one, costs several shillings. Besides this, the Abyssinians use the bark of another tree, and the bulbous roots of a small plant which, if it be not our common wood sorrel, is very nearly allied to it. One of these—I believe the bark—is reckoned much more efficacious than the “kousso,” but is seldom used, from being supposed to be highly dangerous in its effects. The one is called “basinna,” the other “muitchamuitcho.” Neither of these, however, is used, when the kousso can be procured. The dried flowers are ground or pounded as fine as possible, and a strong infusion made, of which the patient takes more than half a pint fasting.—*Parkyns's Life in Abyssina*, Vol. II., p. 224.

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**Hospital Reports.**


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## MASSACHUSETTS GENERAL HOSPITAL.

*Cases of Fracture of the Pelvis.*—(Under the care of H. G. CLARK, M.D. Reported by Mr. L. M. SARGENT.) CASE I.—*Injury of the Pelvis.*—*Recovery.* John Johnson, æt. 36, mechanic, married, entered the Hospital on

April 25th. Patient is a large robust man. While at work, a week ago, near some cars, he was caught by them, and rolled between them and a post, as the train passed. On entrance he was perspiring; pulse 92, soft; abdomen swelled and tense, has no pain. There are some marks of contusion on right ilium, and some ecchymosis in perinæum. Patient can move both his legs. When ilia are pressed together, refers a slight pain to perinæum. The bladder has been evacuated by the catheter since the accident, and the urine, according to the patient's statement, has been sometimes clear, and at others bloody. To-day the catheter was passed without difficulty, and a little bloody urine voided.

Enema. Fomentation. Pillows under knees. Flax-seed tea to drink. Light farinaceous diet. Elix. opii. ʒj. at bedtime.

In the evening, on passing the catheter, the beak of the instrument stopped in the prostatic region. On withdrawing it, in order to use another instrument, the stream of urine followed.

April 26th. Patient very comfortable, and had some sleep last night. Urethra in the same condition as respects catheterism. Dr. Clark passed an instrument, and left it in the bladder, to be secured to thigh with tapes. *R.* Ol. ricini, ʒj.

April 29th. Catheter removed during last night, and this morning he has passed his water twice naturally. This afternoon he had a smart chill, without any assignable cause. No pain or tenderness about the abdomen or perinæum. Urine passed about an hour before the chill came on. Pulse intermittent. *R.* Liq. Ammon. Acetat. ʒj. every 3 hours. Hot sage tea to drink. *R.* Pulv. Ipecac et Opii. gr. x. at bedtime.

April 30th. Had a profuse sweat during the night, and feels very bright this morning. Had another smart chill this noon. No dej. Enema.

May 6th. Constantly, to all appearance, improving. Says he feels no uneasiness at present anywhere, and has maintained since April 30th the most perfect apparent content and cheerfulness. 7 1-2 P. M. Somewhat constipated. Enema.

May 14th. Patient impatient to get up and be about. Has been sitting up once without leave. Says he feels and seems to be perfectly well. Kept in bed, however, and allowed a bed-chair.

May 17th. Got out of bed once again this morning without leave, and says that on so doing he felt a sense of weight and a little pain in perinæum. Reprimanded, and told to lie close.

May 19th. Patient determined to obey directions this morning, and feels as well as usual.

May 20th. Patient very much agitated by external circumstances. The ether which was used in the ward last evening has made him sick (so he says), and he has also a little diarrhœa. Liquid farinaceous diet, and boiled milk.

May 21st. Patient more comfortable again this morning. Diarrhœa has stopped.

May 22d. Patient has leave to be up to-day. Took a few steps for the first time since entrance. Much less sense of weight, and no pain in perinæum.

June 2d. Walks with crutches, and gets along very well.

June 6th. Complains of stiffness and soreness generally about "cords," as he says. Relieved by being rubbed with tr. sap. et opii.

June 13th. Walks very well without crutches. Discharged well.



CASE II.—*Compound Fracture of the Pelvis.—Recovery.* June 9th. James Gray, æt. 30, laborer. An hour since, while patient was at work beneath a coal staging, it fell, striking him upon the left hip, and prostrating him upon the ground. There is now a compound fracture of the left ilium. Into a wound two inches long, over the middle of the crest, the finger may be passed beneath the iliacus muscle along the inner aspect of the bone. A large portion of the ilium is felt somewhat transversely in the wound, but it is not moveable. Several small pieces of bone were removed from the wound, and they seemed to belong to the edge of the crest of the ilium. Hæmorrhage considerable. Patient passes his water without difficulty.

Lint to wound. Wet compresses and bandage. Liquid diet.

June 10th. Considerable pain last night, relieved by Pulv. Ipecac. et Opii. gr. x. June 12th. Much sanious oozing from wound. No defecation since entrance. Apply poultice to wound. R. Sol. Magnes. Sulph. ℥ij.

June 17th. Free discharge from wound, which is now granulating. Along crest of ilium the skin, much bruised by blow, is undermined and seems likely to ulcerate. June 25th. Free discharge from wound, into which probe passes its whole length. June 30th. No complaint of pain. Walks about ward without inconvenience. July 5th. The portion of skin undermined as on the 17th was laid open with the bistoury. The whole of the crest of the ilium, from its middle to the anterior superior spinous process is covered with granulations. Appetite good. House diet.

July 10th. Doing well. Granulations rather flabby and pale. Touched with Argent Nitr. Aug. 1st. Wound nearly healed. Patient feels an occasional pricking sensation, and probe detects denuded bone at bottom of wound. Aug. 15th. A small spiculum of bone removed by forceps to-day. Aug. 31st. No more loose bone felt by probe.

Sept. 12th. An opening of small size remains, at bottom of which probe detects rough denuded bone, and occasionally small spicula of bone are detected. Health good. Discharged.

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CASE III.—*Fracture of Pelvis.—Death.*—April 11th. Charles Malloy, æt. 32, laborer, married. Patient is quite a healthy-looking man. Four days ago, while pushing a car at the Fitchburg depot, in Charlestown, he was caught between the car and the platform, and there held. When the car was pushed back, he was caught again, and injured worse than before. A physician was called, and it was found that the pelvis was fractured, crepitus being felt a little to the right of pubis. He had retention of urine.

Several attempts were made by different physicians to introduce the catheter. This was accomplished at first, but soon after the urethra became lacerated, rendering catheterism extremely difficult.

When brought to the hospital this afternoon he was quite prostrated, and had not passed his urine since the 9th, excepting in very small quantities. His abdomen was enormously swollen. A warm bath was given, and an attempt made to pass the catheter, but this was found impossible. Warm fomentations were applied to abdomen, and some water at last came away, which relieved him considerably. Pulse 96, quite strong. Liquid farinaceous diet.

April 12th. Catheter could not be introduced into bladder this morning. Patient being duly etherized, a grooved staff was introduced into the urethra by Dr. H. G. Clark, and the perinæum opened as in cutting for stone. Upon the opening of the urethra patient was much relieved by the free exit of urine.

April 13th. Patient tolerably comfortable. Still patient seems to be failing. Countenance very haggard and pinched. Pulse 104, strong. Appetite small. Constant dribbling of urine from wound. Juniper berry tea for drink freely.

April 14th. About the same till this afternoon, when he began to grow comatose. Pulse 120. Eyes rolled upwards. Could not be aroused. Passed urine and feces involuntarily in bed. Breathing stertorous. Constantly shifting his position. April 15th. Failing rapidly. Pulse 130, and weaker. At 6 o'clock P. M. he died.

## Reports of Medical Societies.

### CONTRIBUTIONS FROM THE PROVIDENCE MEDICAL ASSOCIATION.

*Use of Iodide of Potassium in Asthma and Bronchitis.*—August 6, 1855. Dr. C. W. PARSONS read the following paper. The subject of the use of iodide of potassium in asthma was mentioned in conversation at our meeting in August, 1852, and cases were related by Dr. Mauran and others. I am now able to report a few cases, obtained from private inquiry, and to refer to a published notice of the subject.

CASE I. A young lady, of strongly nervous constitution, whose family were free from any tendency to consumption, took a severe cold in March, 1851. She had for several weeks a dry hacking cough, which gradually became loose, expectoration being at first frothy, and afterwards opaque and dark-colored. The cough went on increasing in severity; great dyspnoea followed, at first only on excitement or exertion; and then becoming so fixed, that any slight effort or exposure to cold brought on severe paroxysms. With all precautions, she had, about as often as once a week, attacks beginning in the afternoon by severe coryza, after which she would sleep toward evening, and wake up with great distress for breath, coughing and expectoration. Chloroform was given freely, by inhalation, which produced no relief till it caused vomiting, and generally by about four o'clock next morning she would be easy, and for a day or two be unusually free from dyspnoea. The wheezing and expectoration were pretty constant. She grew much emaciated, and had evening hectic and night sweats, early in the summer.

From June to October, she was able to journey, and improved somewhat, without any obvious effect from treatment. In November, she went to Virginia. While on her way to the plantation of her relatives, she had a very severe attack, expectorating freely, breathing with great difficulty, and vomiting from the effects of chloroform. She was obliged to stop at an inn, and there grew much weaker, being insensible much of the night, and her pulse exceedingly feeble. The next morning, the nearest physician, Dr. Royall, of Nottoway, Virginia, was called in, who gave her six grains of iodide of potassium, to be repeated every two hours. In half an hour from the first dose, the breathing was very much relieved, she soon began to raise without hard coughing, and continued to mend steadily.

For three or four months she gained steadily, and was free from severe attacks. She gained fast in weight. The threatenings came on occasionally—coryza, slight dyspnoea and wheezing—when she would begin taking this medicine, and they subsided.

In January, she resorted to tincture of lobelia instead; went three months without any more severe turns, and has not since suffered from habitual



dyspnœa. At times the symptoms that preceded paroxysms have returned night after night, and she has sometimes taken the iodide every night for a week at a time. It very seldom fails to relieve her in half an hour.

The iodide in this case acts, as nearly as I could ascertain, as a diuretic. Previously to the first time she used it, there had been great scantiness of urine.

CASE II. An unmarried lady, in Boston, caught cold by remaining some ten minutes in a cold cellar after being very much heated. She was for a time thought to have consumption; but her symptoms were more spasmodic than in the first case. She had constant dyspnœa, however, with occasional severe attacks, the nature of which may be judged from her being treated by an eminent Boston physician for asthma. Treatment, however, was not thought to have much effect.

Some three years after she was first subject to this affection, she began to use the iodide at the time of an attack. The first dose gave her great relief, and she has generally been able to interrupt the paroxysms by its use. They have, moreover, I am assured, been less frequent, although she has not employed it regularly. Her general health has been much better.

This patient did not, like the first, go south at the time of beginning to use this medicine, so that we cannot suppose the lessened frequency of her sickness was owing to change of climate.

CASE III. A friend of mine, when travelling at the South, met with a middle-aged negro woman, a slave, who had suffered from asthma since her childhood, and had not for some weeks been able to sleep lying down, but suffered from severe persistent difficulty of breathing. My friend advised the iodide of potassium, which gave speedy relief, so that she was able to lie down comfortably. I know nothing more of this case.

CASE IV. While I was attending a patient at Central Falls, last winter, the patient's brother, a hearty robust working man, told me he had had catarrh from childhood (which seemed to be a discharge of mucus from the throat and upper part of the bronchial tubes), and for five years had been subject to asthmatic attacks. They came on every few days or every week or two, more frequently in damp weather, and very often on Sunday, when he stayed still at home all day; usually in the night, or early in the day. There was little expectoration in any part of them, but great distress for breath, and desire to go to a window. I found no signs of disease of the heart or lungs, though my examination was somewhat hasty. The urine, of which he showed me a specimen, was usually high colored (dark red), and often fetid. The specimen had a disagreeable smell.

I gave him a recipe for iodide of potassium, a six grain dose to be taken at the beginning of any attack.

In July, he told me that the attacks were always cut short by the medicine, and that they were somewhat less frequent; that he went through Sundays, and lately through a cool north-easter (July 20th—24th), without any symptoms; and that his urine is less highly colored and less fetid. Of its quantity he can give no definite information.

Having an opportunity of communicating with Dr. J. F. Peebles, of Petersburg, Va., well known by his Prize Essay on Displacements of the Uterus and other writings, I addressed him a few questions in regard to the use of Iodide of Potassium in Asthma and Bronchitis. From his answer, I make the following extracts.

"With regard to the use of Iodide of Potassium in Asthma, I can bear testimony to its curious value and promptness in many cases. I confess,

however, that its employment is rather empirical, inasmuch as I cannot say when and how it is applicable. You will find in the October number of the *Stethoscope* for 1851, an account of its employment, which is the first I saw. Since then, I have seen it employed in many cases with marked effect.

CASE V. "A gentleman, middle-aged, with slight general hypertrophy of the heart and no other lesion, for ten years had spent most of his winters in his room. Severe treatment, as bleeding, &c., often repeated, was thought to be required by his attendant to subdue his repeated attacks of asthma. He usually got out in spring, emaciated and worn, the recruit of summer to be annihilated at the next winter by the same course. Five years ago, he was advised to try iodide of potassium; since then to the beginning of the present winter, he has not suffered any attack. The fore-warning symptoms (tickling in the throat, sneezing and huskiness of the voice) he would get; but a dose of his specific, as he called it (often a single one), would in a very short time dissipate them. The effect of the remedy was really magical. The past fall, this person, being a great sportsman, exposed himself by daily shooting excursions for three weeks in all weathers. He broke himself down, and lost afresh, from sheer over-exertion, and his asthmatic symptoms returned. These the remedy failed to remove, and for one week he had distressing nightly attacks, not materially mitigated by any treatment. Finding the heart's action inordinate, I put him under the use of digitalis, and when the pulse was reduced to a more normal standard, I directed a resumption of the old remedy, which he had lost confidence in. Its effects were, as before, speedy relief. Since then, he has resumed his habits, keeping his attacks down by iodide of potassium, and at this time is spending a week at the hunting-lodge of a friend, well.

"In early life, this person had inflammatory rheumatism, but no deposit was left on the valves of the heart."

Dr. Peebles adds, "I have found it equally prompt in another case, recently."

Dr. P. refers, you observe, to the *Stethoscope*, a periodical published at Richmond. I was fortunate enough to meet with the number referred to.\* At a meeting of the Virginia Medical Society, September, 1851, Dr. Deane read a paper, which is there published. He gives three cases of asthma, and alludes to having treated others with like success. All of these three had existed for several years; one patient was a clergyman, one a youth 15 or 16 years old, and one a married woman, aged 35, whose attacks were of the nature of bronchorrhœa, commencing with pain in the head, sneezing, coryza and other symptoms of influenza. In all cases, the iodide succeeded in interrupting the paroxysms. The clergyman first learned to use this medicine from a physician in Illinois.

In addition to these examples, I am favored with a letter from Dr. Royall, of Nottoway, Va., the physician who gave so much relief to the first patient I mentioned. He says: "In the treatment of bronchitis, croup and asthma, the iodide of potassium is used, in six grain doses, repeated every two or three hours until relief is obtained, and in no case not dependent on incurable organic disease has it failed to afford prompt relief."

Having learned that this drug is used also in colds and bronchitis, as well as in cases termed asthma, in Virginia, I made some inquiry on this point also. Dr. Royall writes, immediately after the sentence just quoted—

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\* The *Stethoscope*, or *Virginia Medical Gazette*, &c. October, 1851.



"In croup and bronchitis, especially when attended with inordinate secretion, it has generally proved an important auxiliary agent. It accords with my observation that it acts on all the secretions to a moderate extent, and yet, in bronchorrhœa, given internally, and in leucorrhœa by injection, it promptly diminishes secretion."

Dr. Peebles writes, "With regard to its use in bronchitis, I have no experience." He mentions two cases in which it produced catarrh, coryza, &c., in an hour after it was taken; both patients were females. It will be remembered that Dr. Ely mentioned a similar circumstance at our meeting in December, 1853.

I am informed that in Virginia this medicine is very commonly given in ordinary colds to infants as well as grown persons.

It would appear from these cases, that iodide of potassium has a considerable power of interrupting the attacks of asthma at their onset, and *some* power also to render them less frequent. Some of the cases appear to have been properly bronchorrhœa, or humoral asthma, but they are too few to afford even a suspicion of the medicine being more useful in this than in the spasmodic form. I am not aware that this use of the medicine is extensively known in New England.

As to the explanation of its usefulness, I have no new facts to give. Dr. Royall writes, in his letter to me—"Does not the prompt relief obtained by its use in asthma preclude the supposition that it acts by effecting a change in the chemical constitution of the blood? The relief in the case I have referred to (Case I.) was procured in less than half an hour, and so in many other cases. In that one there was excessive secretion from the mucous surface of the respiratory organs, and my impression is that it was speedily arrested by the medicine. But, perhaps, it only existed during the attacks of asthma. If so, it might be the result of suppression of some other secretion.

"A very large majority of the cases of asthma that have come under my notice have appeared to me to depend on one or other of three pathological conditions of the lungs; chronic bronchitis, congestion, or a peculiar nervous irritation, the nature of which I do not profess to understand, but which I believe to be the cause of asthma in a great majority of cases. I account for the speedy relief of the affection by supposing that the remedy makes its sanitary impression directly on the pneumo-gastric nerve. I believe, also, that it removes engorgement of the mucous lining of the air-passages, by its action on the absorbent vessels of the part."

"The cases above presented throw little or no light on questions of theory. The state of the urinary and other excretions, in particular, is not known, except very imperfectly in Cases I. and IV. Probably most of us would be inclined to think, that the iodide acts by exciting the secretion of the kidneys, or of any other organs through which it passes out of the system; and, perhaps, helps to remove elements in the blood that cause the disease."

[From the discussion which followed the reading of this paper, it appeared that the usefulness of this medicine in asthma was well known to several members of the Association. It has been employed by Drs. Arnold, Brownell and Baker of Providence, and by Dr. Aspinwall of Seekonk. Drs. Arnold and Baker had met with cases where it appeared to do no good. The writer, however, is still disposed to think that its value is not widely known in New England, and that some good may come from calling attention to it in this manner.—C. W. P.]

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, SEPTEMBER 6, 1855.
 

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## DYSPEPSIA A PRECURSOR OF PHTHISIS.

WE notice in a late number of the London Medical Times and Gazette, an interesting article by Mr. Jonathan Hutchinson, "On the Form of Dyspepsia which often precedes and attends Phthisis," in which the writer urges the importance of paying attention to certain dyspeptic symptoms, noticed in many cases as the harbingers of consumption. Similar suggestions have been offered by Dr. J. H. Bennett, in his interesting work on the Pathology and Treatment of Pulmonary Tuberculosis. He places the chief cause of this disease in imperfect digestion and assimilation. "Phthisis is essentially a disorder of childhood and youth—that is, of a period of life when nutrition is directed to building up the tissues of the body. Diminish the proper quantity of food taken by a healthy man, tubercular diseases are not induced; but if this be attempted with children or young persons, they are a most common result. \* \* \* In the higher classes, they result from imperfect and insufficient lactation during infancy, or the irregular diet caused by carelessness or over indulgence. No doubt they may be frequently observed in persons whose parents or relations have been similarly affected. From facts of this kind it has been supposed that hereditary predisposition, a vitiated atmosphere, changeable temperature, certain occupations, humidity, particular localities, absence of light, and so on, predispose to phthisis. When they so operate, however, they invariably produce, in the first place, more or less disorder of the nutritive functions, and are associated with dyspepsia, or other signs of mal-assimilation of food."

Mr. Hutchinson has been led, by his investigations, to the following, among other results, respecting the connection between dyspepsia and phthisis—that in a very large majority of cases of established phthisis, a condition of well-marked dyspepsia is present as a complication; that of the form of dyspepsia most common in established phthisis, the prominent symptoms relate to difficulty in the assimilation of fatty matters. The patient acquires a remarkable distaste for all fats, which occasionally extends itself to sugar and even to alcohol; that the majority of cases of phthisis, whether hereditary or otherwise, are *preceded* by a well-marked stage of dyspeptic symptoms; that the subjects of phthisis have, in a large number of cases, had peculiarities of likes and dislikes for different articles of food, even from very early life, and whilst seemingly in perfect health.

We deem these suggestions of great importance, and would urge them upon the consideration of our readers. How often do we see children in the same family fall successively victims to this disease, whose parents, though not themselves tuberculous, have transmitted to their offspring a tendency to dyspepsia! Two remarkable examples of this occur to us as we write. Both families by their affluent circumstances would be supposed to be above the reach of the commonly-supposed exciting causes of consumption. The parents are all living, and have passed the middle period of life, yet a majority of the children have died of tuberculous disease. We are inclined to think that sufficient attention is not paid to the diet, dress, exercise and habits of children. In those with an hereditary tendency to phthisis, or to dyspepsia, in any of its various manifestations, an early



attention to those particulars is of especial importance. We were consulted more than a year ago by a lad of sixteen, who had hitherto enjoyed robust health, though one of his parents had died of pulmonary consumption. The greatest pains had been taken to afford him every advantage that could be obtained from a good hygienic condition. He was accustomed to active exercise on foot and on horseback, to daily bathing, and to an abundant and wholesome nourishment. Some months, however, before we saw him, he had been sent to a large boarding school, where he had been compelled to make a thorough change in his habits. The diet was poor in quality, and insufficient in quantity, the opportunities for exercise were few, the bath was a thing unheard of in the establishment, the dormitories were crowded and badly ventilated, and he had no opportunity for a regular daily evacuation of the bowels, to which he had always been accustomed from his infancy. Under these circumstances it is no wonder that his health suddenly broke down, and an examination of his chest revealed unmistakeable evidence of a deposit of tubercle in the apex of one lung. From that time to the present, the condition of the lung has not materially changed, though the general health is greatly improved by a return to his former habits; one of the first indications of improvement being a regular state of the bowels, which, while at school, were often not opened once in a week.

We do not wish to convey an exaggerated idea of the importance of dyspepsia as a precursor of phthisis. We are aware that in some cases the digestion continues excellent, even up to an advanced stage of the latter disease, and that insufficient and innutritious diet are not its only causes, even in youth; but we believe that derangements of the organs of assimilation often lead to tuberculous disease, and that early attention to such derangements may in many cases prevent a malady so difficult to cure.

#### GUTTA-PERCHA A SUBSTITUTE FOR OILED SILK.

At one of the meetings of the Boston Society for Medical Improvement, Dr. J. M. WARREN exhibited some specimens of gutta-percha in sheets, which had lately been used in England as a substitute for oiled silk. There were two thicknesses of it; one about the consistence of the latter substance, the other as thin nearly as gold-beater's skin. For water-dressing, the protection of wounds, &c., this substitute is very useful, and it has the advantage of being cheaper than silk, and also of being free from smell.

Dr. CODMAN, 57 Tremont Row, has recently imported the article from Liverpool, at the instance of Dr. W., where it may now be found by the members of the profession.

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*Communications Received.*—Case of Synovial Inflammation of the Hip, with account of eruption which attacked those present at the autopsy.—Case of Anomalous Nervous Symptoms.—On Uterine Pain and Hemorrhage after Delivery.—Letter from S. F. Parcher, M.D.—An Account of Epidemic Cholera, as it prevailed in the town of Carthage, Illinois, in the Summer of 1851.—Poisoning by Rhus Toxicodendron.

*Books Received.*—Treatise on Epidemic Cholera. By Horatio Gates Jameson, M.D.—Barton on Yellow Fever.—Physicians' Visiting List. 1856. Lindsay & Blakiston: Philadelphia.

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*Deaths in Boston* for the week ending Saturday noon, Sept. 1st, 96. Males. 55—females, 41. Inflammation of the bowels, 1—inflammation of the brain, 2—congestion of the brain, 1—consumption, 10—convulsions, 3—cholera infantum, 19—cholera morbus, 1—dysentery, 13—diarrhœa, 2—dropsy, 2—dropsy in the head, 3—debility, 2—infantile diseases, 5—erysipelas, 2—hooping cough, 5—hæmorrhage of navel, 1—inflammation of the lungs, 2—disease of the liver, 2—marasmus, 5—measles, 3—old age, 2—pleurisy, 1—scrofula, 1—suicide, 2—teething, 5—unknown, 1.

Under 5 years, 67—between 5 and 20 years, 8—between 20 and 40 years, 18—between 40 and 60 years, 6—above 60 years, 5. Born in the United States, 31—Ireland, 11—British Provinces, 2—Germany, 2.

*Iodine in Fibrous Tumors of the Uterus.*—We observe that Dr. West almost invariably orders for those of his patients at St. Bartholomew's, who are the subjects of fibrous tumors of the uterus, a long course of one or other of the preparations of iodine. The following is the prescription which was ordered for a middle-aged woman, who applied with that disease on Saturday:—Potassii iodidi, gr. j.; syrupi ferri iodidi, m. xx.; aquæ earui, ℥ ss. Ter die sumend.

Dr. West remarked at the time, that were the patient one in the higher ranks of life, she would be just the one likely to be benefited by being sent to drink the Krenznach waters (which contain iodides and also bromides). In common with Dr. Rigby, and other physicians, Dr. West entertains a high opinion of the value of the iodides in procuring the diminution of these tumors.—*London Med. Times and Gazette*.

*Formula for administering Elaterium.*—The following prescription, copied from the Pharmacopœia of the London Hospital, is a very convenient one for the administration of elaterium:—℞. Elaterii extract., gr. iss.; pulv. capsici, gr. vj.; hydrarg. chlorid., gr. xij.; ext. gentian, ℥ ss.; sacch. fæcis, q. s. Fr. pil. xij. Sit dosis pil. j. vel ij.

If needful, the proportion of elaterium may be increased to two or three grains, according to the wishes of the prescriber. The capsicum is of the greatest use in preventing the distressing nausea which elaterium often causes.—*Id.*

*Labor Complicated by Locking of Heads of Twins in the Pelvis.*—Dr. Sidey communicated to the Obstetrical Society of Edinburgh, the following particulars of a case of twins, locked during labor, in which both children were born alive, and referred to various cases of the same kind which had been recorded.

Mrs. B., her fifth confinement, and her second of twins; saw her during the day, when the pains were slow and weak, the presentation being high, and of the breech. I left word that when the pains became stronger I was to be sent for. In the evening they became so; and when I arrived, the breech was just expelled; having relieved the cord from pressure on the head turning into the hollow of the sacrum, a hard tumor came pressing down under the arch of the pubis during a severe pain, preventing the presenting head being extracted. Upon examining carefully, I found this tumor nothing else than the head of a second child, jamming itself firmly on the first, and had some trouble in relieving the now locked heads; taking advantage of the interval of pains, and keeping up the head of the second child during the pain, I succeeded in extracting the head of the first child, and the second followed. The twins were of the usual size; mother and twins did well.—*Edinburgh Med. Journal*.

*Irrigation of the Head in Infantile Convulsions.*—Dr. A. Lalesque de la Teste has brought forward a means of arresting the attacks of this disease, which he asserts has, in his own practice, been attended with the best results. This consists in the irrigation of the head by cold water, and the following are the directions given by the author for its employment:—The time most likely for the application of this remedy to be followed by success, is immediately upon the disease manifesting itself; the effect to be produced is intimately connected with the existence of a certain degree of sensibility; the longer we delay its use, the more difficult will be the production of the cutaneous impression, and, consequently, the modification of the convulsive movements. The most suitable period, then, for the employment of irrigation, is that of the paroxysm. By its use during the intermissions, reflex movements are, no doubt, produced, but these are of no effect in the next attack, because the convulsive crisis itself remains unchanged. By acting on the contrary, during the paroxysm, we obtain an immense advantage in arresting the disordered movements of the patient, and substituting, by means of their disturbance, movements of a more regular description, and which immediately become voluntary. M. Lalesque does not employ more than four pints of water at a time for these purposes. Where this does not succeed, he has recourse to depletive measures for diminishing the congestion upon which such obstinacy of the malady seems to depend. The repetition of the remedy, if of short duration, he considers as quite safe; too long applied, however, he believes it would be attended with bad effects.—*L'Union Med.*, 19th June, 1855.



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## ACUTE SYNOVITIS OF THE HIP—PURULENT, ABSORPTION—DEATH. PUSTULAR ERUPTION ON THE HANDS AND ARMS OF FOUR PERSONS WHO EXAMINED THE BODY.

[Communicated for the Boston Medical and Surgical Journal.]

A stout, healthy farmer, aged 30, in Plymouth, Vt., was attacked on the 12th of March, 1855, with very severe pain in left hip, shooting sometimes down to knee, sometimes around thigh, referred to region of great trochanter. Dr. Rodimon, of Bridgewater, who attended him, says there was no pain in the knee, no pain produced by pressing femur into acetabulum, but some tenderness over the head of the bone. He was excessively restless. Was delirious on the nights of 15th and 16th, all day on the 17th. On the 17th there was great irregularity and intermittence of the pulse, which was about 88. There was slight cough, excessive restlessness and delirium. Was bled at night 24 ounces.

March 18, noon.—I saw him in consultation. Had severe rigor this morning. Delirium has abated. Is confined to bed. Is very restless, spitting almost incessantly with violence, as if mouth were sticky with mucus. Calls for drink often. Tongue moist, coated. Pulse feeble, somewhat irregular, 120 (perhaps excited by the presence of a stranger; Dr. R. says it was 88 an hour ago). Action of heart much stronger than the radial pulse. His whole body is covered with what appears to be the fading eruption of urticaria, which appeared suddenly on the 15th. Abdomen soft, somewhat tympanitic. Complains of no pain. No deafness, vertigo, nor tinnitus aurium. No dejection for two days. Auscultation presents nothing abnormal, except slight waviness of respiratory sound in most of chest. His left thigh is partly flexed, supported by a pillow under the knee. There is swelling around hip-joint over a considerable surface; very slight tenderness on pressure over head of femur; knee can be drawn up without any complaint of pain, but he moves it very slowly and cautiously. Some swelling of right parotid gland.

His delirium returned after this visit, violent at first, but gradually abating, and with coherent intervals, to afternoon of 20th, when he died, without coma or convulsion.

*Autopsy*, 24 hours after death.—Rigor mortis strong. Muscles finely developed, healthy. Moderate amount of fat. Cadaveric discoloration of whole back, and many spots on front and limbs.

*Left Hip-joint*.—Capsule destroyed, the ligament remaining in soft shreds; pus of a darker color than natural in the joint, and infiltrated into the muscles around, which are soft, dull and brownish. Ligamentum teres destroyed. There is irregular thickening of cartilage on the head of the bone; the whole surface is uneven and dull; in one spot it is eroded, leaving the bone denuded, and at several points at the junction of head and neck. Similar erosion at edge of acetabulum. At one point on the articular surface of the femur, there is a slight deposit of osseous matter.\*

*Heart* and pericardium natural; the latter contained half an ounce of serum.

*Pleura* contained several ounces of serum. Left pleura has slight, close adhesion—mere sticking—no fibrinous exudation perceptible. Some old bands posteriorly, and between lobes of both lungs. No tubercles found. *Lungs* congested, dark and full of fluid at posterior part; crepitate everywhere. But on the surface, particularly anteriorly, there were many spots, generally round, two to four lines in diameter, of lighter color than the surrounding lung; surrounded with a thin layer of lymph upon the pleura, not covering the spot. These, when cut through, appeared about the same depth as their superficial diameter. They were friable, reddish-brown masses, of irregular shape, sometimes soft, sometimes partly removed, leaving commencing cavities. They were surrounded by a distinct layer of lymph, like the wall of an abscess, on the outside of which the lung appeared red and congested for two or three lines. No odor of gangrene about them. Some small pulmonary veins, a line in diameter, were completely plugged with coagulum. The fluid pressed from the contents of these deposits in the lungs, was examined under the microscope by Dr. Isaacs, and showed many pus cells and exudation corpuscles; fluids from various other parts of the lung showed neither. Blood examined from the iliac veins, contained no pus-cells nor abnormal appearance. Portal vein normal.

*Liver* rather soft, of dull hue; with portions of a yellowish color but not otherwise differing from the rest, extending more or less into the organ, not more than an inch. Not deficient in blood. Under microscope the liver is fatty, the yellowish parts are so in a very marked degree. Gall-bladder half full; ducts pervious.

*Spleen* soft, the granular portion easily scraped away.

*Stomach*. Cadaveric softening at left extremity. Mucous membrane somewhat thickened, everywhere softer than natural, mostly covered with tenacious mucus. A large part of surface is dotted fully with bright red points, which do not scrape off or disappear,

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\* He reported that he had an inflammation of this joint ten years ago, which lasted nearly a year; but he recovered completely the use of his limb, without shortening or deformity.



without removal of the mucous membrane. Stomach contained three ounces of thick chocolate-colored fluid.

*Intestines*, distended with gas, appeared healthy—not opened. *Mesenteric glands, peritoneum and kidneys*, normal. Bladder contained nearly one pint of urine (he passed it freely not many hours before death).

*Cranium*.—Very inconsiderable amount of fluid under arachnoid. No pus nor lymph. Membranes normal. Brain removed entire, for anatomical purposes.

Prof. Elliot, Dr. Rodimon, Dr. Isaacs of New York, Messrs. Metcalf and Topliff, medical students, and myself, were present at the examination. Dr. Isaacs dissected the hip, Mr. Metcalf removed the scutleap, and I made the examination of the thorax and abdomen with Mr. Topliff's aid. Dr. Rodimon also had his hands somewhat in the fluids. Dr. Elliot took no part in the dissection.

Dr. Rodimon was the only one who escaped entirely all ill consequences. Dr. Elliot was attacked with nausea in the room, with a severe headache which did not leave him till sleep relieved it at night. Mr. Topliff had a small scratch on his wrist, which was the seat of a pustule of irregular and lingering character. Mr. Metcalf had a large and painful pustule on his wrist, where there was no wound, which began the day after the autopsy and was not ripe for six days. Dr. Isaacs suffered with headache and general *malaise* on the day after the examination, and had then the beginning of several pustules on his hands, which, following the same course which my own case passed through (as I shall presently describe), began to suppurate freely, with swelling and tenderness of the axillary glands, on the 28th of March, six days after their commencement. His hands were not wounded, nor was there any abrasion.

On the morning after the autopsy—15 hours after it—I found some redness, swelling and tenderness around my right fore-finger nail. Towards night (22d), there appeared two small, red and tender spots on the back of my left hand. 23d.—There was a small pustule on the top of each, and erythematous appearance around one of them. Same condition of one below crest of right ilium, which I think began to appear before the autopsy, but now is quite painful and has erythema for two inches around it. Let out a drop of turbid fluid from each.

On the 25th, three more pustules appeared, one on my left hand and two on my right. There was only a watery fluid oozing from those I had punctured. Œdematous swelling began very soon around the pustules; on the left, extending over the whole hand and nearly up to elbow; the skin had also an erysipelatous redness and was tender to the touch. The hands were painful on the slightest motion. I suffered much prostration and debility from the first; had no fever; my nights were very restless till the 25th. I had no appetite, but no thirst. I had a daily evacuation; sometimes heaviness of head, but no pain. Poultices gave no relief.

During nearly the whole time I was obliged to lecture twice daily at the College, which I was enabled to accomplish by the use of quinine and brandy. This always gave me considerable relief.

March 28th.—Suppuration beginning in all the pustules, those which first appeared on the 22d, and those on the 25th. The axillary glands on both sides were swollen and tender—no inflamed lymphatic vessels leading to them. The pustules on the hands of Dr. Isaacs have been attended with no erythematous swelling, and with no constitutional disturbance after the first day; but to-day they are swelling and beginning to suppurate, and his axillary glands are swollen and tender.

On the next day, in both cases, the pustules were all in a state of free suppuration, with central sloughs, and the erythematous swelling beginning to subside. My strength and appetite began to return. I had no further trouble; but the pustules were very slow in healing, and it was a month from the attack before they were fully well.

Here is a disease manifestly excited by the contact of an animal poison with the skin, occurring to four persons who were exposed to it. That it occurred in different degrees in the several individuals is, perhaps, owing partly to a difference in the length of the exposure: that is, I suffered most because my hands were bathed in the fluids of the thorax and abdomen during the whole autopsy, while the other gentlemen were more free from it. The difference may also be partly attributed to a variation in the predisposition in the several persons exposed. Many facts in the history of affections of this class show that persons are very unequally susceptible of the influence of animal poisons, not only in comparison with each other, but, also, with themselves at different times. During my dissections in the dissecting-room as a medical student and since, and in the course of a large number of post-mortem examinations at the Massachusetts General Hospital during my four years' connection with it, and in private practice at the same period, I have only two or three times experienced any trouble from wounds received, although I not unfrequently cut or pricked my hands. The only difficulty I ever had, was several times a small abscess at the seat of a cut or prick, once only attended with swelling of the axillary glands. These were mostly from wounds received in the dissecting-room. My autopsies have included those diseases that are usually found to afford the most virulent poisons to the dissector, erysipelas and puerperal peritonitis, and I have even examined the body of a physician who died of inflammation of the lymphatics and purulent deposits in the joints resulting from a poison received at a post-mortem examination. Notwithstanding this usual exemption from injury, I was on the present occasion the one of four to suffer most; which I cannot avoid adducing as an evidence of the effect that predisposition has upon such cases. Some writers deny that predisposition has any influence, but believe that the poison has the same effect upon all. In this case, the only



person who had any wound was the one least affected. Mr. Topliff had a small scratch on his wrist, in which a pustule appeared the next day, but went through its course without any constitutional disturbance. This gentleman is of remarkably vigorous and healthy habit, six feet high, well proportioned, plump, with fine color in his cheeks, and altogether a true picture of perfect health. The other gentlemen are far less robust, and I was already decidedly out of health, having but just recovered from a painful boil about a fortnight previous. All three, as I have stated, had no wound at all. The redness around one of my finger-nails, which I noticed on the morning after the autopsy, went no further, and soon disappeared.

That the disease arose in all the cases from the same cause, and that cause the autopsy, is proved by the common agreement in the time of its appearance and in its duration, although the several cases differed much in degree. Within twenty-four hours the local affection began in every one; within twelve hours after the outset there was a small elevation upon the centre of the spots, containing turbid or purulent fluid. This being let out, no more pus appeared for six days, and free suppuration was then established in each case. In the six days previous to the suppuration, the erythematous swelling had been gradually extending up to my elbow; the other gentlemen had no inflammation except around the pustule.

I do not find in any of the surgical works to which I have access, including Travers on Constitutional Irritation, any mention of such cases as I have described. The affections which are known to arise from wounds received in dissections, are, inflammation of the lymphatics extending from the seat of injury, and diffuse cellular inflammation arising around the shoulder or in some other distant part, when a wound has been received in the hand. There is no description, nor have I had the observation, of any cases of pustular eruption,\* attended by somewhat extended erythema—as in the cases I have related.

Another point of interest is the occurrence of this affection without any abrasion of the skin. Druitt refers to a case related in Sir A. Cooper's lectures, of diffuse cellular inflammation after immersion of the fingers in the fluids of a dead body, when the skin was quite free from wound or abrasion. He also speaks of two analogous cases related by Mr. Travers in the third edition of his work on Constitutional Irritation (not in my copy, which is the 4th edition). "Two persons in attendance on a woman who died of diffuse cellular inflammation, became ill from the contact and effluvia of the discharge, although neither had any wound through which a poison might be inoculated. One of them suffered from acute fascial inflammation of the arm; the other from low fever and abscess in the axilla. The latter was engaged in unfolding

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\* That is, an eruption of *several* pustules. Travers mentions cases where a single pustule appeared at the seat of a wound, and such instances are not uncommon.

some sheets from which a most noisome smell proceeded, when she was all at once seized with sickness and faintness, and excruciating pain in the axilla."

These three cases comprise all that I have known or have been able to find, except the cases which form the basis of the present paper. The cases published by Dr. Duncan of Edinboro' all arose from the application of the fluids of a dead body to an abraded surface. Serious constitutional symptoms sometimes arise from the inhalation of the effluvium from the bodies of persons recently dead; but not with the production of local affections like the pustules and erythema in the present cases. It will be seen, of course, that these cases are quite different from those of malignant pustule, in their comparative mildness and the absence of gangrenous tendency.

W. H. THAYER.

*Woodstock, Vt., Sept., 1855.*

#### ON UTERINE PAIN AND HEMORRHAGE AFTER DELIVERY.

(Translated for the Boston Medical and Surgical Journal, from the French of Dr. LIEGARD, of Caen, Corresponding Member of the Medico-Chirurgical Society of Bruges, by W. OWEN BROWN, M.D., of Providence, Rhode Island.)

[THE translator is indebted to Dr. S. CLAPP, of Pawtucket, R. I., for the following interesting memoir, which Dr. C. met with during a late tour in Europe.]

The question proposed at the last meeting of the honorable and learned Medico-Chirurgical Society of Bruges, and so perfectly treated in the dissertation which has been judged worthy of the prize, related to the accidents which result from the implantation of the placenta upon the neck of the uterus (hemorrhage before delivery). It seems natural and methodical to study now the accidents which present themselves after delivery—I mean hemorrhage and uterine pains.

The first has been the subject of numerous and important labors. Remedial means, various and more or less efficacious, have been pointed out, and applied, among which compression of the aorta appears to hold the first rank; though this has as yet failed to fulfil all the indications. But that which science wanted, and which no practitioner had as yet sought to discover, was a preservative remedy, a means by which the causes of this formidable accident might with certainty be opposed, and consequently its occurrence prevented.

The second (uterine pains) has, on the contrary, been very much neglected by authors. The causes have been very vaguely indicated, and some soothing means only have been counselled, since these pains have been generally regarded as natural, inevitable, and even necessary, in order to effect the disgorgement of the contents of the uterus.

I propose, therefore, to-day, to examine these two forms of acci-



dents, and to indicate the means by the aid of which they are not to be combated, but prevented, *certainly* and *always*. This labor will be almost destitute of scientific theories; that which is important in practical medicine consisting much more in efficacious proceedings, than in systems, more or less ingenious but very often useless to the patient and physician.

1st. Threatened hemorrhages after delivery.—An objection which presents itself at first to the mind of many, and which has been made to me by some accoucheurs of limited experience, is this: “How can it be foreseen that a woman will be attacked with hemorrhage after her delivery? and if this accident cannot be foreseen, why employ ourselves in preventing it? Is not this combating a veritable phantom? To this specious objection, witness what science and experience respond. When a woman has been the subject of grave and alarming hemorrhage, after her two or three first confinements, it is, perhaps, certain, that this will be renewed in her approaching parturition; and moreover it happens almost always that this accident is much more formidable in the last confinement than in the first. We conceive, in fact, that the ordinary cause of the loss of blood, is the inertia, the want of contraction in the uterine walls, becoming more and more decided in proportion as a series of gestations have debilitated and unfavorably relaxed the tissues of this organ.

Among the various means which science possesses and is able to oppose to this menacing danger, the most simple and the most efficacious is, undoubtedly, the ergot of rye, given some minutes before the birth of the child. But experience has demonstrated that the action of this medicine is not infallible, and that it is even completely inert in a certain number of subjects; so that it becomes very imprudent, in a case so grave, to rely wholly upon this means. For about fifteen years I have opposed this unfortunate predisposition effectually with the ergot of rye *before*, and cold injections into the umbilical vein *after* the accouchement; and this with such advantage, with a success so constant, that I now regard this hemorrhagic predisposition as a very simple affair, and one which does not inspire me with the least inquietude. This combined treatment appears so rational, that it is needless to demonstrate its efficacy by numerous observations. I will content myself by relating the two following cases, of which the first contains at once the proof of the usefulness of the two means united, and the insufficiency of the ergot of rye employed alone in the ordinary manner; the remarks relative to after-pains, come for the most part to rest upon the same foundation.

CASE I.—Madame Douin, 28 years of age, of a sanguine nervous temperament and a feeble constitution, had safely arrived at the term for her fourth confinement. The former confinements, and particularly the last, were followed, immediately after the detachment of the placenta, by a loss of blood so considerable that there appeared to be imminent danger of death. At the last con-

finement the hemorrhage was so great, that despite an enormous quantity of cold water poured forcibly upon the abdomen and thighs, it was not arrested until the occurrence of a very profound and prolonged syncope, and the patient was afterwards for a long time in a very feeble state, so that six weeks after, she was hardly able to raise her arms and turn herself in the bed (she lived then in a town some leagues from Paris). A point worthy of remark, is, that her mother, who has borne three children, had been subject, after each confinement, to profuse hemorrhage. Numerous similar cases appear to demonstrate that this hemorrhagic predisposition is the result of a peculiar, hereditary, organic conformation.

The parents, and particularly the husband, were much alarmed upon the occurrence of her fourth pregnancy. The latter came to me, stated the circumstances related above, and manifested extreme anxiety. The physician of the town, whom he had always previously employed, said that nothing could be done to remedy this unfortunate predisposition, and consequently he appeared greatly surprised, when I gave him the positive assurance *that this time the hemorrhage should not take place.*

The pains commenced at 7 o'clock in the evening (August 8th, 1835); at 10 o'clock the labor was at the point of terminating. I then poured half a drachm of powdered ergot into a glass half full of sweetened water, and gave the whole between two pains. Ten minutes after, the child was expelled by the natural uterine pains. The uterus remained slightly contracted upon the placenta, but I saw nothing which indicated clearly the action of the medicine. Half an hour after the first, I administered a second half-drachm dose of the ergot. I made light friction upon the lower part of the abdomen, and soon occasional but feeble pains began to be felt, but the placenta still remained adherent. Gradually the pains lost all their energy, and at last ceased entirely. I feared that the womb becoming inert, the placenta would detach itself, and that the terrible hemorrhage of former confinements would be repeated. I prepared, therefore, promptly to make the injections. I poured a glass of vinegar into five glasses of very cold water, and injected about six fluid ounces (200 grammes) of this fluid into the umbilical vein. Immediately a cold sensation manifested itself in the fundus of the uterus, and almost at the same time a contraction was very evident in this organ. Some minutes after, I injected half a glass more of this acidulated water, and then the pains became more strong, the uterus contracted favorably, and I made with confidence moderate traction upon the cord. The placenta detached itself without the least difficulty, the uterine contraction continued without interruption, and there was no appearance of hemorrhage. This woman rose at the sixth day, and her health was afterwards very good.

Two years after, the same person was confined for the fifth time. I again had recourse to the ergot of rye, employing the same doses as before, about a quarter of an hour before the birth of the child,



but after the uterine contractions appeared energetic. I determined this time to omit the injection. It was more than half an hour after the administration of the ergot, when I profited by a strong pain and made traction upon the cord. The placenta was easily detached, and came away perfectly intact; but almost as soon a profuse hemorrhage came on, and I promised myself, if ever this lady called on me again, under like circumstances, I should not fail to employ the injection.

CASE II.—A young woman of Mondeville, of a sanguine and lymphatic temperament, was pregnant for the third time, when she came, in the month of September, 1845, to inform me of her extreme anxiety. She told me that at her two first confinements, but especially at the second, she suffered such abundant hemorrhage, that despite a deluge of cold water which was poured upon her, the bleeding was not arrested until after a long and frightful syncope; and during many weeks she lay prostrated on her bed, unable to nourish her child, since the secretion of milk had failed entirely. The midwife had told her that if ever she became pregnant again, she would probably perish. I re-assured this woman against the pretended danger, with such confidence that her courage was at once restored. She engaged to come, some days before the full term of her pregnancy, and reside at Caen, in order that we might give her the attention which her condition demanded.

On the 5th of the following January, which was the presumed period of her accouchement, she experienced some slight uterine pains, followed by a watery discharge from the vagina, which flowed little by little almost continually. As she was remaining in the country, I gave directions, which the midwife was charged to observe with great care. She was directed to give about gr. xxx. of ergot (2 grammes), a quarter of an hour before the birth of the child, and a like dose immediately after; she was not to make any traction upon the cord, but to leave that in order for me to make the injections. But during the following days, the uterine contractions disappeared almost entirely—being indicated only by some slight pains in the loins, accompanied and followed almost constantly with the flowing of limpid serosity, more or less considerable.

The 24th of January the mother of this woman came to inform me that for fifteen days past her daughter had been constantly in the same state; that until then she had been very feeble and fatigued, but that on the morning of the present day she had suffered many pains, one a little more marked, followed by a flowing of water more abundant than ordinary. I advised her to administer two or three grains (two decigrammes) of ergot, at intervals of ten or fifteen minutes, and to send for me if the labor made decided progress. They came for me at 8 o'clock in the evening; but instead of the uterine contractions having become energetic, it was impossible for me to appreciate, for an entire hour, with the hand placed over the fundus of the uterus, during the strongest pains felt by the woman, the slightest movement, the feeblest induration

of the body of this organ. These throes consisted in a painful but very fugitive sensation in the lumbar region, accompanied always by the flowing, of which I have spoken, but which did not arrest at all the outcries of the patient. The head was yet above the superior strait, the os almost entirely dilated, but no appearance of the bag of waters. I administered thirty grains (2 grammes) of ergot. The pains in the loins became, perhaps, a little stronger, but there was evidently no active contraction. Three quarters of an hour after, the same amount of ergot repeated, produced no better effect than at first. At 11 o'clock the head was still in the same position; the neck was entirely obliterated and dilated. At 1 o'clock in the morning (January 25th), the pains in the loins became stronger, and the waters flowed abundantly. The pains afterwards gradually diminished, and the woman slept. At 6 o'clock the pains revived a little, but at 7 they were almost imperceptible; the head had passed the superior strait, the vertex turned to the left acetabulum. It appeared as if a few slight contractions would suffice to expel the fœtus; but these continued to be absent, or almost so. The woman rose up, and, being supported, was made to walk a little. She then took three grammes of ergot, which proved equally unsuccessful. I sent to procure some more ergot, and also two grammes of pulverized savine. At 9 o'clock I had not felt any manifest contraction of the fundus of the uterus. I gave three grammes (about 45 grains) more of the ergot. Half an hour after, there had been no very apparent alteration, and I then administered 75 centigrammes (about 12 grains) of pulverized savine. A quarter of an hour after the last dose, I thought I could feel a slight uterine contraction; the woman experienced a stronger and more prolonged pain, and the head was soon in the passage. The chorion was prominent and firm. As the pains returned, though feeble and without well-pronounced uterine contraction, the woman was made to lie down. At 10 o'clock I ruptured the hard and resisting membranes, after many attempts to perforate them with the finger nails. The waters flowed in abundance. At a quarter past 10, the head being upon the point of passing the vulva, I gave about 30 grains of ergot (2 grammes), and the fœtus was expelled a few moments after. The child was strong, but appeared to be suffering; it respired feebly, and its respiration was suspended for about a minute, when a long inspiration was made, and it again fell back into a state of frightful immobility. But having received the ordinary attentions, it cried, swallowed some sweetened water, and, in half an hour after, it appeared very well. The mother felt no pain in the lower part of the abdomen, and it was in vain that the hand sought to induce uterine contractions; everything announced, on the contrary, the imminent hazard of a dangerous flooding. Still, the placenta remained adherent, and the blood did not flow. At 11 o'clock I made the first injection into the umbilical vein. The cord was long, and the syringe contained only two or three fluid ounces (80 grammes). It was not until the third syringe-ful that the woman said that she felt an agree-



able cold (this was her expression) in the fundus of the womb. I made a fourth injection, when the uterus directly became firm, and a slight traction brought away the placenta. During the following ten minutes I did not cease to make friction over the uterus with my hand, and to notice carefully the progress of its contraction. There was no hemorrhage. At 11½ o'clock, the woman complained of some uterine pains, and the womb never ceased to present to the hand which explored it, the sphere, which re-assures the accoucheur, and which is so justly denominated the globe. She nursed her child, and her health and strength were perfectly re-established.

Never have I seen a case of such profound inertia of the womb, or a labor with uterine contractions so futile! This woman, as she had carefully calculated the term of her pregnancy, ought to have been confined at the commencement of January. Was it the want of energy, or rather the complete nullity of uterine contractions, which occasioned this unusual prolongation of gestation and of labor? I am strongly induced to believe it was. But from whence came all the water which flowed almost without ceasing for sixteen days? Puzos, Lassus, and many other accoucheurs, have maintained that these liquid collections, which constitute a state of hydrometra, are situated between the chorion and the walls of the uterus. Baudelocque has denied the possibility of this. Nevertheless, it has not appeared to me probable that these waters came from the cavity of the amnios. The strength of the bag of waters, and their abundance, when, with difficulty, I was able to rupture the membranes, seemed to me to repel any such explanation.

I ought to observe, that in the two preceding confinements this woman had had a similar flowing of water for nine or ten days preceding, and during all this time she had been exhausted by feeble pains, which seemed not at all to promote parturition.

From these two cases, and from many others, I believe it right to conclude that reason and experience prove, evidently, that injections of the umbilical vein, employed in concert with the ergot of rye, furnish an infallible means of preventing impending hemorrhage after confinement.

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We believe there are numerous cases of dangerous, or even fatal flooding after delivery, where the placenta is expelled with the fœtus, or so soon after it as not to admit of injecting fluids into the uterus through the umbilical vein. Still, may not the suggestions in the text be of much practical utility, particularly in cases of adherent placenta?

In respect to the use of ergot of rye in cases of anticipated hemorrhage, Dr. Meigs says he gives it a few minutes previous to the termination of labor, "not for the purpose of aiding in the expulsion of the child or placenta, but by constringing the womb to save those dangerous losses." He says—"I scarcely ever omit such a precaution, for any patient of whom I am informed she floods after delivery."—(*Treat. on Obstetrics*, p. 347.)

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

APRIL 23d.—*External application of the Tincture of Iodine in Erysipelas.*—Cases, Remarks, &c.—Dr. STORER reported the following case.

On the 10th of April, 1855, Dr. S. was called to see Capt. R——. Found his nose swollen and very red, firm to the touch, and tingling, as he expressed it; a slight redness, also, upon the left cheek;—*erysipelas*. Ordered a saline purgative and compresses wet with lead-water.

The next morning (11th), the nose was more swollen, with numerous vesications, some of which had discharged; the redness, heat and fulness, more extended upon the cheek. Washed the whole affected surface with *tincture of iodine*, and, as the fluid exuded from the vesications, re-applied the remedy, until the surface was of a deep mahogany color. Gave directions to the patient's wife to pursue the same course at night. Next morning (12th), it was seen that there had been no extension of the disease, and the patient reported himself as better. Re-applied the tincture.—13th, Disease abating; less fulness; skin much more loose; patient said "he felt like a new man."—14th, Nearly well.—15th, Walking out.

MAY 14th.—*Erysipelas treated by the local application of the Tincture of Iodine.*—Dr. J. B. S. JACKSON reported a case which occurred some weeks ago, under his care, at the Massachusetts General Hospital, and would not have alluded to it, as so many such cases had been presented to the notice of the Society, had not the effects of this mode of treatment been questioned of late.

The patient was a feeble old man, who entered the Hospital on account of a chronic diarrhœa. The erysipelatous inflammation affected, successively, large portions of the face and scalp, but subsided so rapidly upon the immediate application of the tincture of iodine, that the active process was completed in about five or six days; there having been, upon the scalp, a slight degree, only, of vesication.

[Dr. J.'s original remark in stating this case, was, "the application of the iodine seemed to put out the fire at once." This so well describes the usual action of the remedy, that we are unwilling to omit it from the record of the case.—SECRETARY.]

The applications were made with a camels-hair pencil, and from once to three times daily.

The constitutional affection in this case was little or none.

This is the only opportunity which Dr. J. has had of using this remedy, which, from all that has been observed here, seems to him a valuable one.

MAY 28th.—*Application of the Tincture of Iodine in Erysipelas. Three Cases.*—Reported by Dr. PERRY, as follows:—"Since the last meeting, I have treated three cases of erysipelas of the face, by the topical application of the tincture of iodine, quite successfully. The first case was that of a young, and previously healthy and robust woman. It came on from sudden exposure to cold, after having been for some time in a heated and crowded room. The disease was ushered in with severe constitutional symptoms. It commenced on the left side of the nose, and before I saw her it had extended over the left cheek to within a few lines of the left ear. I immediately applied, over the whole inflamed surface, the tincture of iodine, and gave her eight grains of Dover's powder. The next day the disease had extended to the right side of the nose and the right cheek. I applied the



iodine to this, as I had the day before to the left, side of the face. On the third day I made another application, when the disease was subdued. The constitutional symptoms disappeared after the first application, and, in a week after the attack, she was quite well.

"CASE II.—This was a lady of feeble constitution, 60 years old; had not been well for many years; had dyspepsia, and occasionally diarrhœa; had not been unusually exposed, and could not trace the disease to any distinct exciting cause. The affection, which commenced on the nose, was ushered in with cold chills, followed by headache, pain in the limbs and back, heat of skin, with a pulse, when I saw her, of 120. I immediately applied the iodine, and gave her an opiate. The next day the disease had extended to both cheeks, but the violent constitutional symptoms had disappeared. The iodine was applied for two days more, when the inflammation subsided, and there was no return of it. During her convalescence she had a severe attack of diarrhœa, which lasted a few days. This did not prostrate her more than her ordinary attacks. She recovered her strength quite rapidly.

"CASE III.—Mr. M——, 60 years of age, of feeble constitution, and for sometime a dyspeptic—was taken, after exposure to cold, with chills, followed by severe pains in the head and back, and a feeling of great prostration. The next day there was a small patch of erysipelatous inflammation on the left side of the nose. I immediately applied the iodine. The next day the inflammation had extended as far as the left cheek. I made a second application, when the disease was arrested. This man was out in five days from the attack. I gave no medicine in these cases except the spirits of nitre, and an opiate at night, until the febrile state had passed off."

MAY 28th.—Dr. GOULD related the following case. The patient was a female, 62 years of age. The disease first appeared on the right side of the face, about the ala of the nose, and traversed the face and scalp very rapidly, running its whole course in three days, and so superficially, as not fully to close the eyes or produce vesication. Cold lotions were applied, and it was expected that the inflammation would terminate, as it usually does, without traversing the neck. Finding, however, that it was rapidly extending between the scapulæ, tincture of iodine was brushed over the inflamed, and a narrow margin of the healthy, skin, and no further extension took place.

About the same time she began to complain of great tenderness and severe pain, on motion, around the left ankle, which soon extended to the knee; the limb was but slightly swollen, shining, and without redness—much as in milk leg. Next day it occurred more slightly, in the upper extremity. Accompanying this, there came on delirium, and soon, coma, with a tremulous, spasmodic affection of the lower jaw, which, on the third day, terminated fatally.

Dr. G. presumed there was metastasis of the disease to the limbs, and probably inflammation of the meninges, which latter, he would not have been led to anticipate, considering the unusually rapid and superficial action in the case.

[Dr. G. also remarked, at the time of reporting this case, that the constitutional symptoms were very severe, from the first. While the iodine proved arrestive, it cannot be considered an agent in the metastasis.—SEC'Y.]

JUNE 25th.—*Erysipelas of the face and neck; local application of the Ethereal Tincture of Iodine.\**—Reported by Dr. MORLAND. Miss ——, 58

\* This case was observed at the same time with Dr. Storer's, but reported to the Society two months later than his.

years of age, of delicate constitution, and having fair, thin skin, had influenza for a fortnight. Dr. M. saw her first at 10½ o'clock, A. M., April 11th, and found her affected with erysipelas of the face, which she stated began on the previous day (10th), upon the nose, from its middle and over its left side. On rising, next morning (11th), the affection had extended over two-thirds of the left cheek, and was in this state at the first visit. Pulse feeble, 100 per minute; skin cool; coryza; nares plugged with crusts of adherent mucus; tongue clean in centre, a little white at tip and edges; bitter taste in mouth; slight headache; no appetite for three days past; bowels free; is drowsy, and falls asleep in her chair; has found herself much weaker since the influenza.

In about one hour, returned, to apply the ethereal tincture of iodine (iodine, ℥ss.; sulphuric ether, ℥j.), first recommended in this city, by Dr. Silas Durkee. During the short time which had elapsed since the first visit, the erysipelatous blush and tumefaction had extended nearly one inch from the bridge of the nose towards the *right* cheek. Certainly a very rapid progression. Applied the iodine very freely, blackening the skin with it, over the whole of the erysipelatous surface, and overlapping the margin of the latter for at least a half inch all around, upon the sound skin. The smarting was very slight, not complained of by the patient, and quite temporary. Quinine was ordered; to be taken, two grains at once, two more in 4 hours, and one grain in 2 hours from the second dose (five grains in 6 hours); light diet. P. M., 4½ o'clock; patient brighter than in the morning; moves about with more alacrity; the application causes no trouble; has taken two grains of quinine; there is still occasional irresistible drowsiness. Re-applied the iodine, the first painting therewith having faded somewhat; made the whole affected surface quite black, as before, and enlarged the border, on the sound skin, one half an inch, completely around the patch. There had been no extension of the erysipelas over the boundary of the morning's application.

*April 12th.*—Patient feels better; had a comfortable night. Over a space  $\frac{3}{4}$  of an inch on the forehead, and just above the root of the nose, an erythematous blush has appeared since yesterday. At this point, the iodine was not thoroughly applied yesterday; in fact, the spot was almost wholly neglected, the redness not being marked. Took the quinine as directed; repeat same to-day (grs. v.). Re-applied iodine thoroughly. May have mutton broth. 13th, 10½ A. M.—Slept tolerably well; awoke "laughing heartily," as she did, the previous night, "talking loudly." A slight erythematous blush reaches from the iodine line to the ear; the space thus affected is about 4 inches in length, by  $\frac{3}{4}$  in width; and this redness has passed within the line of the hair for an inch from the forehead; there is no tumefaction; the aspect is not erysipelatous, properly; the redness is but faint; there are no vesicles. Parts a little sore to the touch. There is to-day much nervous tremor and excitement; patient is of nervous temperament; pulse low and infrequent; skin cool; no other symptoms. One, rather loose, dejection this morning. Continue quinine; may take egg, milk and wine, half a glass-full, at 11 A. M.; broth at dinner; does not wish for meat. If the nervous tremor continue, is to have two drachms of fluid extract of valerian. Re-applied iodine. Dr. Durkee saw the patient in consultation.

14th.—Much better; no extension of redness; pulse firmer and equable. Solution of citrate of magnesia. *Cetera ut antea.* 15th.—Better; a very light *erythematous* blush on right cheek; nothing of the sort elsewhere.



No headache. Re-applied iodine. Cuticle of diseased surface beginning to flake off; troublesome itching. Continue quinine. 16th.—Improving; slept well; still a pale blush on right cheek; no extension, however; nostrils clearer; eyes less heavy; no soreness of integuments. Thinks she is more hard of hearing than the slight degree of deafness referrible to the influenza. 17th.—Right side of face a little puffy; a slight erythematous blush at lower part of cheek; no other trouble. Deafness about the same; *Suspend quinine*; is to take three and one half grains of carbonate of ammonia, three times a day.—(R. Ammonia carbonatis, grs. xi.; ætheris sulphurici, ℥ ss.; mist. camphor, ℥ iv. ss.; syrupi zingiberis, ℥ i. Misc.)

18th.—Better, generally; over nape of neck is a spot of pale redness, about three, by two, inches, which has been irritated, she thinks, by her comb; applied the iodine to it very freely; face still puffy; no constitutional symptoms. Continue ammonia. Diet has been gradually made more nourishing, as the appetite grew better.

19th.—Feels "more like herself;" had a good night; pulse much firmer and fuller; tongue clean; strength increasing; no constitutional trouble. No extension of erythema. One small dejection; says she "feels better after every dose of the mixture" (ammonia). Re-applied iodine on neck.

20th.—Better, but much smarting from the iodine on the neck; probably from the skin being very tender under renewal of the application. When applied on the face, she has frequently expressed a sense of "relief" and comfort from the iodine. On examination of the spot on the neck, there is vesication where the iodine was twice profusely applied. The blister evidently arises from the application, and is not from erysipelatous action; there is no swelling, nor any doughy feel of the part. No extension. Same treatment. 21st.—Vesication broken and sore; dress with cerate. Resume quinine, in the same dose. Touched the sound skin around the margin of the first patches on the face, with iodine.\*

22d.—Looks and feels still better; epidermis scaling off; no new erythema; a little exudation of serum from two or three fissures around the chin. Vesication on the nape of neck dried up. One natural dejection. Appetite and strength better. Continue quinine.

25th.—Improving. Diminish gradually, and finally suspend, the quinine.

27th.—Nearly well. Discontinued visits.

May 6th.—Miss ——— is entirely well; no trace of the affection to be seen; says she has been thus for a week; gaining strength, and has a good appetite; has been out in a carriage. Takes two grains of quinine daily; is to stop it in three or four days.—Seven days is an ample estimate for the duration of the affection proper, including all the patches; in three, the chief trouble was over.

The general remark from those practitioners who have treated erysipelas by the local application of the tincture of iodine, is, that the duration of the disease has seemed to them to be invariably diminished; and the usual constitutional symptoms either actually absent, or very slight, when compared with those observed in cases of equal intensity at the onset of the affection. This has been noticed in very many instances besides those here recorded; and an amount of evidence is accumulating in favor of this local application which must finally make its efficiency and usefulness universally acknowledged.

In this connection we would call attention to a communication from Dr.

\* These portions of integument showed slight vesication next day, thus proving the iodine to be the exciting cause thereof—not the disease. This was doubtless the case with the neck.

J. H. Nutting, of Orford, N. H. (*Boston Medical and Surgical Journal*, July 26, 1855), who has found the simultaneous application of the nitrate of silver and of tincture of iodine to erysipelatous surfaces, quite advantageous; he pronounces it "prompt in checking the spread of the inflammation," &c.

In cases where we have tried the nitrate of silver singly, it has failed, with one exception, in which instance, the erysipelatous blush did not cross a strong line made by the solid caustic. In several other cases, where none but cooling applications were made, and where, at its commencement, the disease was limited, and no more severe in type than those above reported, great extension, violent, and often grave, constitutional affection followed. In one patient there was deep and troublesome ulceration in the site of vesications, with abscess in the cellular tissue of the eyelids and about the forehead.

We believe that these occurrences, in a large majority of cases, if not constantly, in superficial erysipelas, may be prevented by the thorough application of the tincture of iodine.

JUNE 25th.—*Erysipelas after Scarlatina—Iodine Treatment.*—Dr. MINOT had seen a case of erysipelas of the face, following scarlatina. The disease occupied the left cheek, and had existed two days when tincture of iodine was freely applied. The urine of the patient contained albumen, there was much anasarca, with drowsiness, and other grave symptoms. The patient lived about a week. There was no extension of the erysipelas after the application of the iodine.

[The following case and remarks were communicated by Dr. R. H. SALTER, of this city, the results of whose experience with tincture of iodine in erysipelas we requested for communication to this Society (September 10th 1855), in connection with those already given. Out of quite a number of cases this one is taken at random—not *selected* as particularly favoring our position; indeed, several others, of which Dr. S. has full notes, would have been far more available for such a purpose. We preface the report of the case by the following statements from his paper.

"The observations I shall make respecting the use of iodine, as an external remedial agent in erysipelas, extend over a period of about thirteen years. During this time, twenty-three cases have occurred in which the tincture of iodine was the only external application used." Dr. S. goes on to say that all the local applications, tried by him, previously, had been without any other than merely palliative effect. A certain qualification of this remark is made in favor of nitrate of silver—but no results, worthy of note, were referrible to that substance.

Dr. S. adds; "I will present, somewhat in detail, the first two cases in which the external affection was treated by tincture of iodine, as illustrative of the whole." We quote only one.

CASE I.—May 21st, 1842. M. G., a woman 30 years of age; married; of good constitution; temperament, bilious; has uniformly enjoyed most excellent health. Was not quite well on the 19th; on the 20th, had slight chills, followed by headache and other symptoms of fever. Some nausea and vomiting in the course of the day. During the succeeding night some pain, itching and smarting—not at all severe—on the right side of the nose and on the right cheek near the ala nasi. No cause could be assigned for the attack. When I first saw the patient, near mid-day of the 21st, the local affection had spread over the right cheek, for about one inch and a half, and over the nose, as far as the left cheek. There was a small vesicle



near the tip of the nose. Tumefaction quite marked; she complained of smarting, and burning pain, and of a sense of tension or stiffness of the face. The constitutional affection severe; intense head-ache; skin hot and dry; pulse frequent, irritable, and not of normal strength; bowels costive; urine scanty. She was thought to be "out of her head" during a part of the morning. The general aspect of the patient impressed me with the idea of a grave case of disease. After administering such general remedies as seemed to me to be indicated, without further delay I applied tincture of iodine, by means of a camels-hair pencil, over all the external local inflammation and a little beyond, on the sound skin; two or three coatings were laid on. The smarting and burning pain was very soon relieved, and the patient was not sensible of any other effect from the application. I visited Mrs. G. again, within 12 hours from the first application of the iodine. She had experienced some relief of the general symptoms. Headache not nearly so severe. The iodine had almost entirely evaporated, leaving the parts to which it had been applied very nearly as before its use. The inflammation had extended for three or four lines, and the tumefaction was somewhat increased; there was also a return of the smarting pain of the face. I now re-applied the tincture, using it much more freely than at first. The same relief followed. The patient replied to my inquiry, as to any unpleasant effects from the iodine, that, "*on the contrary, it was grateful, pleasant—very.*" 22d. Twelve hours from last visit; decided improvement in patient's condition, in every respect. The inflammation had scarcely passed the line of demarcation seen at the previous visit and the swelling was not at all increased. There was a soreness of the skin and subjacent tissues, considerably beyond the apparent line of the inflammation, as indicated by pressure with the fingers, even on a portion of the scalp. I re-applied the tincture. Twelve hours afterwards, saw Mrs. G. again; found her very comfortable; she smiled and said "I feel almost well." The inflammation had apparently ceased to spread, and the swelling was much less, as shown by the wrinkled or corrugated appearance of the skin. The soreness of the apparently sound skin was much less than at the last visit. Notwithstanding these favorable appearances, I re-applied the tincture of iodine, as a precautionary measure, though with less freedom.

23d. The patient had passed a comfortable night, and the improvement from yesterday was obvious and decided. No further application of the tincture was made, and probably the last was unnecessary. Suffice it to say that, although there was no prominent crisis, yet, by the 26th, the constitutional affection had entirely subsided; the natural secretions were restored, and convalescence was perfectly established. The cuticle of the affected parts cracked and came off in large patches, leaving the true skin perfectly sound. By the twelfth day, Mrs. G.'s health seemed as good as at it was previous to her illness.

The course and progress of this case were so unlike what I had ever before witnessed in any instance of equal severity, that I was as much surprised as gratified. It will be observed that in less than thirty-six hours from my first visit, the local inflammation had ceased to spread; but the constitutional affection did not entirely subside until about the seventh day from the commencement of the attack.

Dr. Salter concludes by saying that in the case just detailed "the constitutional symptoms were as severe as in any case he ever witnessed, at the commencement, excepting some cases in which delirium was an early and very prominent symptom. The external local affection, too, appeared

very much like what is commonly witnessed in other cases at the beginning. Some few cases, which were almost entirely of a local and mild character, were completely relieved by two or three applications of the iodine, while others required six or eight."

[The following questions were proposed to Dr. Salter in reference solely to the external action of the tincture. In a paper, now in course of preparation by him, the whole subject of erysipelas is thoroughly examined.]

1. In your experience, is the external application of the tincture of iodine to erysipelatous surfaces *arrestive* of the spread of the inflammation? Answer. Yes, decidedly so. In cases, moreover, of equal severity, where palliative applications, only, were used, the total duration of the illness, i. e. before the patient was in full convalescence and the skin nearly restored, was fully 15 days; since applying iodine, I have found it never over 7 days; oftener less.

2. Are the constitutional symptoms modified favorably by this application? Answer. Always; and there seems a better action derived from general remedies, when the iodine is applied.

3. Have you found erysipelatous surfaces to manifest vesication, after thorough application of tincture of iodine? Answer. Never but once; and, in that case, there was no passing of the true erysipelatous blush over the iodine line.

4. In how many cases have you found this application not only beneficial, but arrestive of the disease as externally manifested? Answer. In all I have thus treated; and not only is the extension of the disease, externally, prevented, but the constitutional trouble uniformly much diminished and shortened. [Twenty-three cases treated.]

The above cases, all of which, it will be observed, occurred within quite a short period of time, have been grouped, by permission of the reporters, for the purpose of illustrating, so far as their limited number will allow, a point of treatment in which many practitioners in this city and its neighborhood have, of late, taken much interest. Several other examples, affording the same results, might have been given, but, besides adding too much to the bulk of this paper, it has not been deemed necessary, at present.

In the July (1854) Number of the "*American Journal of the Medical Sciences*," we appended a few sentences to a report of a case of "Erysipelas after Vaccination," and referred to certain remarks of Dr. G. A. OTIS, one of the Editors of the "*Virginia Medical and Surgical Journal*. (See April No., 1854.) Dr. Otis had maintained that there was no precise evidence of the efficacy of any local application in arresting the spread of erysipelas, and, in commenting upon that opinion, the testimony of "Dr. Durkee and others" was cited by us as constituting at least the commencement of an accumulation of precise evidence in favor of the external application of the *tincture of iodine*, and particularly of the ethereal tincture.

In the April (1855) No. of the *Virginia Journal* (nearly a year after the above remarks, relative to Dr. O.'s opinions, were printed, and just that time since his own report), is a Review, by Dr. O., of Velpeau's Lectures on Erysipelas, and, at its close, occasion is taken to bring forward the subject of local applications, in connection with what had previously been said. A slight acrimonio-ironical vein pervades a portion of this communication, for which, as no ground of provocation is known, it is not easy to account. Leaving aside, however, the charge of "triumphant" adduction of evidence—being unconscious of any exultation, and the ascription "learned," to



which a claim cannot be made out—it will be sufficient to indicate two things which are alike inexcusable in a reviewer, viz., *partial quotation, and a statement wholly without foundation.*

First; reference was not made to Dr. Durkee, *alone*, but to “others,” also, as having furnished facts which afforded ground for stating that “the accumulation of precise evidence” might be said to have been “commenced;” not, as Dr. O. has it, that the facts then reported were regarded “as pretty precise evidence.” (*Vir. Med. and Surg. Journal*, p. 325, April, 1854.)

In view, however, of the observations then collected, and of others which have since been laid before this Society, and of many which have come to our knowledge in other ways, we are ready to use Dr. O.’s words, and say that we have not only “pretty,” but sufficiently, “precise evidence” of the efficacy of this local application in erysipelas; if we had then “commenced,” we have now progressed, decidedly.

Dr. Otis, in continuation, presents an array of figures from distinguished authors, for the purpose of disproving the power of various topical applications to arrest the disease. We do not contest these results, at all, but how does failure with nitrate of silver, creosote, mercurial ointment, &c. &c., demonstrate that *iodine* is inefficacious? Not once, from any of these authorities, is the least evidence presented that this application had been even *tried*. Now this we call, not “precise,” but inaccurate, irrelevant, “evidence.” If we are endeavoring to learn whether or not the tincture of iodine has any arrestive effect, what end is answered by detailing to us the action or inaction of a number of *other* applications? This *resumé* of experience from authors is very well in its place, and as a token of some little research, but is wholly inadvertent to the point which the present question regards.

The statement to which allusion was made, as being without foundation, is this, in Dr. Otis’s own words: “As to Dr. Durkee’s iodine treatment, we learn that it is no longer heard of, even in Boston.” It is sufficient reply to this curt dismissal of the treatment in question, that three of the above cases were reported to this Society on the very evening before the arrival in Boston of the No. of the *Journal* containing the quoted remark; and the present writer saw the case of erysipelas which he has reported—and used the iodine with the effect stated, on the morning the *Journal* was received; previously, however, to reading the absolute *flat* and *dictum* therein contained. Consequently, whoever gave Dr. Otis the information to which he refers, caused him to “learn” an egregious error! The dates of the cases show whether the “iodine treatment” is no longer heard of.

We cannot but again call attention to the statement of Dr. Wood, usually considered as good authority, and which we cited in our first allusion to the remarks by Dr. Otis at the “*Medico-Chirurgical Society*” of Richmond, Va. Dr. Wood distinctly refers to the successful use of the tincture of iodine in *arresting* the spread of erysipelas. (*Vide U. S. Dispensatory*, 6th to 10th Editions.)

In our remarks which prompted the “note” in the *Virginia Journal* on the external use of iodine, &c., in erysipelas, particular mention was made of the constitutional treatment almost invariably pursued here. Dr. Otis is very careful to make no allusion to this, whatever; thereby implying that we ignore such measures altogether, in seeking the cure of the disease. He, however, arrives at the flattering conclusion that he has “shown that local remedies do not cure erysipelas.” We do not suppose that any competent practitioner would dream of doing nothing else (at least in the ma-

jority of cases), for erysipelas than paint the patches of it with iodine; but the true question has been, throughout the discussion, whether this application has, or has not, an arrestive action?

Dr. Perry, it will be noticed, in his three cases above reported, "gave no medicine except the spirits of nitre and an opiate at night." Will any one say that the iodine in his hands was ineffectual in shortening the disease?

We refer with confidence, to the cases collected in this paper, and to the opinions of their authors, for testimony upon this point; and would merely ask our reviewer if he has himself tried the measure which he speaks of in such *ex cathedrâ* terms, and sets so summarily aside?—SECRETARY.]

APRIL 23d.—*Cancerous Disease of the Heart*.—Dr. JACKSON, who showed the specimen, had received it from Dr. F. S. Ainsworth, with the following history of the case:—The patient was a middle-aged man, engaged in a printing office, always healthy, and dated his sickness very distinctly from the time of his drinking a glass of "brandy soda," about four weeks before his death. He was attacked immediately after this with vomiting; and his symptoms being subsequently rather indefinite, the case was regarded by his attending physician, Dr. Wm. Read, and by Dr. J. Bigelow, who saw him in consultation, as one of poisoning; *i. e.*, his sickness was ascribed to something that he had taken under the name of "brandy soda." He complained of distress about the epigastric region, with a general sense of uneasiness, sleeplessness, and much nervous irritability; but there were no symptoms that referred especially to the heart or lungs; the pulse was regular, and on the day before his death, Dr. B. found the cardiac physical signs healthy. The mouth and fauces were dry. There was pain in the abdomen when he was first seen; the face was also puffy, and the swelling of the face and limbs steadily increased until death. For about ten days, after the first week, there was double vision. For some days after his attack he went to the office, although he did no work; on the evening before his death, which occurred suddenly, about 1 o'clock, he sat up until about 10 P. M., engaged in playing checkers.

The heart is very much enlarged; and the muscular substance is extensively infiltrated with a white opaque deposit, the mitral and tricuspid valves being thickened and stiffened with the same.

Dr. A., who made the autopsy, found also the following appearances:—The whole anterior mediastinum, or space between the lungs, filled up by a morbid deposit similar to that found in the heart, the pericardium being greatly thickened, but not adherent; a large mass of the same beneath the upper part of the sternum, upon the right side, and extending backwards to the spine; disease of the parotid, submaxillary, cervical, axillary, mesenteric and inguinal glands, the parotid being so strikingly enlarged before death, that the man looked as if he had the mumps; numerous small, subcutaneous deposits, from the size of an apple seed to that of a pumpkin seed, some of them being "fibro-cartilaginous, and others gelatinous" in appearance, the skin itself having a peculiarly waxy look, as in cases of cancer; the only internal organs diseased were the liver and the kidneys; the lungs, however, were universally and very firmly bound to the chest by the morbid deposit.

Dr. J. remarked upon the questionable nature of the disease in this case. He was inclined to regard it as cancerous, from the peculiarity of structure and from its being so generally disseminated. Different cases of encephaloid differ much in appearance; and the term is so often inapplicable, that it would have been better if it had never been adopted; the present case is



exceedingly unlike one of this kind, anatomically, and neither would it be regarded as a common case of scirrhus. A thorough microscopic examination was made of this case by Dr. Durkee, and a single hasty examination was made by Dr. Holmes, but no appearance whatever of cancer-cells was found;—a result that Dr. J. had anticipated, from what he had seen in similar cases. The microscopic characters are all-important, as showing a difference between this and a common case of cancer or malignant disease; Dr. J., however, believed that the pathological character and the tendencies were essentially the same, in the one as in the other.

APRIL 23d.—*Bright's Disease :—Disease of the Heart.*—Dr. JACKSON showed the specimens, and described the case. The patient was a man 70 years old, of intemperate habits, and who had been for some months out of health. The symptoms were wholly cerebral; and the peculiar interrupted, or paroxysmal respiration, remarked by the late Dr. Fisher in cases of tubercular meningitis, existed very decidedly in this patient. The urine was strongly coagulable; but there was no anasarca, nor any renal symptom.

On *post-mortem* examination, hypertrophy of the left ventricle of the heart was found, and slight traces of pericarditis were observed; both of these, it is well known, are concomitant of Bright's disease.

When the left ventricle is hypertrophied, the first sound of the heart is muffled, *as the rule*; it was not so in this instance, but the sound was loud, and peculiarly metallic or ringing.

Dr. J. said he had frequently remarked the absence of anasarca in Bright's disease. The kidneys of this patient contained no fat, as shown by the microscope; and this, too, he thought was by no means uncommon. It would be well to ascertain whether fat is absent in these organs generally, where there has been no anasarca.

Forty-eight hours before death, an exudation came out all over the patient's body, making him resemble a salted fish; the following *analysis* of the exuded substance was made by Dr. Bacon:—"The incrustation is composed of saline matter, mixed with fat and scales of epidermis. The saline matter is wholly soluble in water, and consists chiefly of chloride of sodium, with a small proportion of a salt of ammonia. Neither phosphates nor urates could be detected in it."

APRIL 23d.—*Oxide of Zinc as a Remedy for Profuse Perspiration.*—Dr. JACKSON had lately tried this remedy in the treatment of a few cases at the Massachusetts General Hospital. It has been recommended by certain English practitioners within a short time (*See Braithwaite's Retrospect*), and Dr. J. has generally found more or less good effect from its use; the dose being increased to about ten grains. It was used not merely in phthisis, but with very marked effect in a case of cancer of the womb.

Dr. ABBOT, referring to the employment of the oxide of zinc in the night-sweats of phthisis, said that he had found it of very decided efficacy in arresting them; he gave four grains for a dose, in conjunction with hyoscyamus. One dose often stopped the perspiration.

APRIL 23d.—*Kouso in Tænia.*—Dr. PARKS, in one case, had ascertained the existence of two worms; in this instance he had twice administered kouso, and not obtained the head of either of the parasites. Dr. P. added that neither of these patients were occupied in the work of butcher or provision-dealer, which trades have been lately declared, by several medical practitioners, to be peculiarly obnoxious to tænia.

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\* The necessary combination of cases relative to the use of iodine in erysipelas has seemingly confused the dates. This will be readily understood.—W. W. M.

**Bibliographical Notices.**

*A Manual of Pathological Anatomy.* By CARL ROKITANSKY, M.D., Curator of the Imperial Pathological Museum, and Professor at the University of Vienna, &c. 8vo. 4 volumes in 2. Philadelphia, Blanchard & Lea. 1855. Pp. 573 and 643.

A translation of this important and valuable work has been for several years in course of publication by the Sydenham Society, of London, which has already issued a large number of valuable medical works, in a style of the highest elegance and accuracy, and which are furnished to subscribers at a moderate annual assessment. Various circumstances have retarded the appearance of the book, the publication of which has only recently been completed. The present edition is a reprint of the London copy, being bound in two volumes instead of four, for the sake of convenience of size and cheapness of price. We cannot say that its typographical appearance compares with that of the original, but as the work is a standard one, it is desirable that it should be afforded at a price which will enable every one to obtain it. The first volume, which treats of general pathological anatomy, is translated by William Edward Swaine, M.D.; the second, on the pathological anatomy of the abdominal viscera, is by Edward Seiveking, M.D.; the third, by Charles Hewitt Moore, contains the diseases of the bones, cartilages, muscles, skin, cellular and fibrous tissue, serous and mucous membranes, and nervous system; the fourth, containing the diseases of the organs of respiration and circulation, is translated by George E. Day, M.D.

The author of this work is acknowledged to be the highest authority on the subject of pathological anatomy, to which he has been devoted ever since his graduation in 1828; the number of corpses dissected by him having been summed up at 30,000. The "Manual" has passed unaltered through three editions, besides the Sydenham Edition and the present one; we need, therefore say no more in order to recommend it to the attention of the profession, who are under the greatest obligations to the Sydenham Society for the admirable translation which it has given to the English public at a heavy expense, and without any adequate return. We feel bound to say that the publishers of the American edition, in appropriating the translation of the Sydenham Society, ought at least to have acknowledged, on the title page, the source from whence it was obtained; and, indeed, all such reprints, unless authorized by their rightful proprietors, are, in our opinion, wholly unjustifiable.

We take this occasion to recommend to the profession here the works of this Society, which may be obtained at a subscription price of five dollars a year. Two or three volumes are issued annually. The honorary local Secretary in Boston is Dr. R. H. Salter, to whom application can be made.

*A Voice from the Pious Dead of the Medical Profession, or Memoirs of Eminent Physicians who have fallen Asleep in Jesus, with a Preliminary Dissertation on the Cross, as the Key to All Knowledge.* By HENRY J. BROWN, A.M., M.D. Philadelphia. Higgins & Perkinpine, 1855. 12 mo. Pp. 320.

This little volume is written with a view "to refute a charge of incompatibility between the Christian Religion and Science, sometimes made by wicked and ignorant persons." It consists of three short Dissertations on the subjects of The Cross in the Life-Union, The Cross in Nature, and The Cross in Medicine, which are followed by Memoirs of William Hey, Dr.



Good, Dr. Hope, Dr. Bateman, Dr. Godman, Dr. Gordon, Dr. Broughton and Dr. Capadose. The Dissertations are intended "as an incentive to inquiry suggestive as a form;" meaning, we suppose, as a form of inquiry. The Memoirs are interesting, and fully prove, what hardly requires proof, that there is nothing in science which tends to lessen men's faith in the divine doctrines of the Christian Revelation, or to deter them from fulfilling all its obligations. There is no profession which leads its members to more serious reflections upon religious subjects than that of medicine; and as a class, we believe that medical men will not be found wanting in sincerity of belief in Christianity, or in purity of life. Dr. Brown's book will doubtless be read with interest by many who are not members of the profession, as well as by physicians. It is for sale in Boston by Ticknor & Co.

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*The Diseases of the Heart and the Aorta.* By WILLIAM STOKES, Regius Professor in the University of Dublin. Author of the Treatment and Diagnosis of the Diseases of the Chest, &c. Philadelphia. Lindsay and Blakiston. 8vo. Pp. 710.

It is superfluous for us to say anything in commendation of Dr. Stokes's work on the Heart and Aorta, which, like everything written by this faithful observer and accomplished teacher, is already classic. We can cordially recommend it as of inestimable value both to the student and the practitioner. No medical man should be without a copy who wishes to enlarge his knowledge of the diagnosis and treatment of this important and difficult class of diseases. The volume is beautifully printed, and may be had of Ticknor & Co.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, SEPTEMBER 13, 1855.

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### "MEDICAL FAITH."

AN ingeniously written article with this title recently appeared in "*Chambers's Edinburgh Journal*," and has since been given to the numerous readers of the "*Living Age*," in a late number of that periodical, which has become so deservedly a favorite under the judicious management of the Messrs. Littell, of this city.

There is much to engage the attention of the reflecting practitioner of our art in the subject of "medical faith," or, as we understand the term, that trust or credence, be it greater or less, which the public have in the ministrations of physicians.

As a general thing, the mass of the people have so little real knowledge of the functions of their own bodies, and of the requirements of the system in its healthy state, that, by consequence, they must be far more incapable of taking any right action when disordered or diseased, than if they were instructed in anatomical and physiological facts, not to mention pathological phenomena. In our view, it results from this truth, that the only safe course for those who are really ill, or threatened with being so, is at once tacitly to acknowledge their incapacity to judge of the particular derangement of that complicated machine, the body, by a direct and early appeal to those whose entire occupation for years it has been to study the possible and actual disturbances and lesions to which the human frame is exposed.

There is nothing gained, surely, by temporizing ; by endeavoring with unskilled hand to close a rent here, or open an obstructed outlet there ; in the end it will appear that if the workman *who knows his business* had been at once summoned, when only slight difficulty was apparent, much time and a great deal of wear and tear would have been saved. There are those who, erroneously supposing that increase of income is the physician's main object, and forgetting, if they ever knew, that every day sees large gratuitous services performed by medical men, delay seeking aid in fear of a pecuniary burden being laid upon them which they cannot bear. Putting aside the groundlessness of this apprehension, so far as the needy are concerned, those who pursue such a course from any other motive, quite as decidedly mistake their real interest. The longer judicious advice is neglected or unobtained, in actual illness, the more discomfort will follow to the patient, and the more expense will be incurred by him, either in loss of time and opportunities of profitable employment, or else in the unavoidably protracted attendance of a medical adviser, when, at last, both the sufferer and his friends have exhausted their supposed resources.

If the delicate machinery of a watch, for example, be suffered to run when the oil which originally lubricated its surfaces has become so thick that it only clogs motion and induces a friction which at once causes aberrations and compromises the integrity of the material, it will be quite useless for the owner, presuming him unacquainted with the art which constructed, and can alone repair the damages of, the work, to try his hand upon it in the way of adjustment or renovation. He may shake it roughly and the wheels will move on again for a while, but only again to grow sluggish ; damage is sure to be sustained by forcing action against obstructions which the knowledge of the instructed workman can remove, perhaps in a very short time. Worse than all, without proper attention, and from improper meddling, the beautiful and useful mechanism may be essentially, even irreparably, injured.

Now, although not precisely similar objects of illustration, the human frame and the watch have sufficient analogy, thus considered, for our present purpose. If our watch be out of order, we have very simple and complete "*faith*" in those who by long exercise and study of their art, are the only persons to whom we can reasonably entrust it for examination and repair. So, in disordered health (only for far more cogent reasons), should a simple and implicit "*medical faith*" lead sensible people to commit themselves to the care of educated, faithful and conscientious physicians. There are thousands of pretenders, but this does not make it really more difficult to distinguish those who may be trusted. The reliable mechanic is soon discovered and employed ; the competent physician is readily known. Should he or the bold ignoramus be appealed to ?

It is true that, finally, the community generally decide the above question for themselves in favor of science and cultivation, which, in our times, are synonymous with skill, kindness and moral excellence ; for the good physician can lack neither of these ; and to such men alone can the care of that frame be entrusted, of which Dr. Watts has truly and beautifully said,

" Strange that a harp of thousand strings  
Should keep in tune so long ! "

We at first intended to have referred to several points in the article whose caption we have adopted ; but, to do it justice, so many selections would be requisite, that we are unable so to do. While the whole article appears to us written in an excellent spirit, and to contain much truth in



its commentary upon medical delusions generally, together with an amusing display of certain long exploded bubbles, we notice one or two remarks which, while apparently reasonable and true, have yet the germ of a fallacy in them.

For instance, the writer says, speaking of empiricism and its effects, "One first, but hitherto neglected step is, in our opinion, necessary, in order to guard mankind against empiricism in medicine; and this is an acknowledgment of the fact that, in many instances, a cure *has* followed the medicine or treatment [empirical], joined, however, with an explanation as to this cure." Now no one will deny that certain so-called "cures" have *followed* such "treatment;" but your empiric cannot give the "explanation" alluded to, even if he would. The genuine physician, we know, cannot always do this, but in the majority of cases he can, and because he knows his ground, which the quack does not. Moreover, a recovery which "follows" the administration of a medicine, or the use of a certain treatment, is not always a "cure," properly. A *cure* is the undoubted result of a remedy, and medical science can confidently claim many such. A *recovery* may take place without any medication, or it *may* "follow" that which the best reason and judgment would pronounce to be the worst possible; but, are such means, for *this reason*, any more justifiable? To use an apparent paradox, the recovery is a *non sequitur* to the treatment. The mistake which the public, and too often the profession, make, is in acting upon a blind belief in "*Post hoc, ergo, propter hoc.*" When will this erroneous and disastrous method of reasoning be banished from medical faith and practice as thoroughly as it is from the affairs of every-day life? When will the office of the physician be truly understood? No medical man is fit for his occupation unless he has those qualities and that education which alike inspire and deserve confidence; and none can derive the complete advantage which they might from medical attentions, unless they are willing, the above premises existing, to accord to such men their implicit "medical faith."

#### THE IMPORTANCE OF PUBLIC PRIVIES AND URINALS.

We would call the attention of the profession, and of those interested in sanitary reform, to an evil which has always existed in this city, and in most others, and which is a source of much disease, and of great inconvenience to the public;—we speak of the absence of public privies and public urinals, and the want of stringent laws concerning the cleansing of vaults and cess-pools. We conceive that this subject is just as important, and as worthy the attention of the Board of Health, as the lighting, paving and cleansing of the streets. Bad privies are a notorious source of disease. Hardly any outbreak of cholera has been carefully investigated without the condition of the privies being alluded to as one cause of the pestilence. This was the case in the epidemic of 1849 in Boston; speaking of Half-moon Place (a noted centre of cholera), the Report of the City Physician says, "to the right of 'Jacob's Ladder' is a cluster of six privies, situated nearly in the centre of the place. At the time of the epidemic, they were greatly out of repair, and the ground about them was covered with their overflowing contents, removed only by evaporation \* \* \* \*". At the foot of the drain are two more clusters of privies, six in number."

It is obvious that drainage alone cannot remove the sources of infection unless the vaults of privies are kept in repair, and regularly emptied. The cost of removing a single load of night-soil from a vault is two dollars in the

winter time, and at least double that sum in summer, when such removal is most desirable. The majority of vaults contain at least two loads, so that the proprietors or tenants of estates have little inducement to attend to so important a means of preserving health. There is a class of people, however, consisting of strangers, emigrants, &c., who being unable to avail themselves of the convenience of a privy, are compelled to resort to some secluded corner for relief. In this way nuisances are committed in our streets, particularly at night, which are an offence against decency and a source of disease. We submit that it is the duty of the City Government to cause public privies to be built in all crowded neighborhoods, especially where the poorest classes of the community dwell. They should be constructed in such a manner as to prevent their being abused, and an attendant should enforce habits of decency. We believe that the establishment of *cabinets d'aisance*, which are so common in the cities of the continent of Europe, would be a profitable enterprise. They would be much used by strangers, and by that large class of people who reside in the country, but whose business compels them to spend the day in town;—a class who would be able and willing to pay a trifle for such an accommodation.

In respect to public *urinals*, Boston is as badly supplied as London. Until we have a convenient number of them scattered about the city, we cannot prevent our court-yards and alleys from becoming the retreat of any one suffering from an over-distended bladder. We have a dozen streams of Cochituate water playing on the Common all day and all night for the convenience of the thirsty, but not a single urinal. All the water that enters the body must come out, and it is better to have proper places to receive it than to allow our buildings and sidewalks to be polluted, and the health of our citizens endangered by the rivers of urine which in many places disfigure our streets.

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#### THE YELLOW FEVER AT NORFOLK AND PORTSMOUTH, VA.

The frightful ravages by Yellow Fever at Portsmouth and Norfolk, Virginia, are well known to our readers in every part of the Union by the daily telegraphic despatches. On Thursday, the 6th, the number of deaths from the disease at Norfolk was 74, and on the preceding day 97 bodies were interred in one pit. At Portsmouth, there were 450 cases on Thursday, and 25 deaths on Wednesday. A large number of medical men and nurses who came from other places to afford succor, have fallen victims to their devotion. The people are suffering from famine as well as from pestilence, business is suspended, and the condition of the two cities is truly dreadful. When we remember that their population is 16,000 and 8,600 respectively, we can form some idea of the extent of the desolation which has befallen them. The inquiry which naturally suggests itself at the mention of these horrors is, first, what is the CAUSE of this destructive pestilence; and secondly, can this cause be prevented or removed, so as to secure these places from a recurrence of such a calamity? Is there anything in the situation of Norfolk and Portsmouth which renders them peculiarly liable to epidemics of yellow fever, or is their condition, as respects drainage, cleanliness, supply of water, and sanitary ordinances, such as predisposes them to epidemic disease in general? With regard to the first question, we know that these cities are situated on Elizabeth River, 32 miles from the sea, a circumstance certainly favoring the invasion of the disease, which “is confined almost exclusively to towns, or other situations where human beings congregate, as garrisoned forts, or ships. It is chiefly, moreover, in towns



upon the sea coast, or upon streams emptying into the ocean, that it is met with."—[WOOD.] A warm climate is well known to be necessary for its development. As to the hygienic condition of Norfolk and Portsmouth, we know very little. Both are extremely level, and have generally wide and straight streets. Those of Norfolk are lighted with gas. Great quantities of oysters, vegetables and poultry are shipped from the latter place; and in 1852, one million pounds of rags were exported. Unless great precautions are taken to insure cleanliness, these articles might become an extensive source of disease. When the inhabitants shall have recovered from the effects of this scourge, we doubt not its causes will be investigated, and, so far as possible, be removed or counteracted.

Since the above was written, we learn from the Virginia Medical and Surgical Journal, that the epidemic in question broke out in less than two days after the cargo of the Steamer Ben Franklin, from St. Thomas, was unloaded; the first victims being among the crew of that vessel. The Ben Franklin arrived on the 7th of June, and discharged on the 5th of July. No case had occurred on board during her passage from St. Thomas.

At the recent commencement of Amherst College, the honorary degree of LL.D. was conferred upon Luther V. Bell, M.D., Medical Superintendent of the McLean Asylum, Somerville, Mass.

It has occasionally been found expedient to increase the number of pages of the Journal. This is always done with some special object in view, which requires more space than is commonly allowed. In the present number, eight additional pages are devoted to the "Extracts from the Boston Society for Medical Improvement." This has been deemed the more necessary, as it is impossible to find room for these papers sufficiently fast to enable us to keep up with the dates of the meetings. It is our intention to insert these reports, hereafter, fortnightly, and to furnish more of them at one time.

#### NOTICES.

*Communications Received.*—Letter from L. Parks, Jr., M.D.—Camphor an antidote to Strychnia.—On Syphilis.

*Books Received.*—Mackenzie on the Eye.—Dickson's Elements of Medicine.—Turnbull on Hooping Cough.—Transactions of the Medical Association of Southern Central New York.—Atlanta Medical and Surgical Journal: First Number.

In consequence of the frequent applications made by mail to the publisher, for information respecting places for practice which are advertised in the Journal, with no stamp enclosed for postage of the return letter, it has become necessary to give notice, that in such cases answers cannot be sent to these inquiries. Provision is rarely made by the advertiser for this expense—which, with the trouble of answering the numerous letters, comes upon the publisher. This opportunity is taken to repeat the terms for this class of advertisements—which are, the payment of \$2 *in advance* for the shortest, and longer ones in proportion.

**DIED.**—In this city, Benjamin P. F. Randall, M.D., aged 36 years.—In Portland, Me., 27th ult., Frederick B. Franklin, M.D., 23.

*Deaths in Boston* for the week ending Saturday noon, Sept. 8th. 89. Males, 43—females, 46. Accident, 1—Inflammation of the bowels, 3—bronchitis, 1—congestion of the brain, 1—consumption, 10—convulsions, 1—cholera infantum, 14—disease of the bladder, 1—dysentery, 10—diarrhœa, 1—dropsy in the head, 7—drowned, 1—infantile diseases, 3—puerperal, 1—exhaustion, 1—typhus fever, 1—typhoid fever, 2—scarlet fever, 1—hooping cough, 1—disease of the heart, 2—hæmorrhage of the lungs, 1—intemperance, 2—marasmus, 2—old age, 2—pleurisy, 1—smallpox, 1—teething, 13—thrush, 1—unknown, 2—worms, 1.

Under 5 years, 56—between 5 and 20 years, 6—between 20 and 40 years, 20—between 40 and 60 years, 3—above 60 years, 4. Born in the United States, 73—Ireland, 14—British Provinces, 1—Germany, 1.

*Caution to Physicians.*—Physicians engaging in the service of Russia, cannot always relinquish their engagements at pleasure. A distinguished ship-master who has just returned from a sojourn in Europe, makes a few statements to us on this subject—not because of any antipathy to the Russian government, but by way of caution to his countrymen. He says there are quite a number of young American physicians engaged in the Crimea, and some of them in Sebastapol, who cannot hope for release till the end of the war, lest they should impart information to the disadvantage of the Russians. Ignorant of this incident to their engagement, some of them have occasion to regret the step they have taken. In the allied armies there are no such restrictions upon the personal liberty of physicians.

So many physicians have been engaged by the belligerent armies, that it is with the utmost difficulty competent men of this class can be secured for merchantmen. Even men who have the most ordinary qualifications for the office are often taken. Hence, there is no occasion for medical gentlemen committing themselves to an engagement with the Russians, under such onerous stipulations, merely for the sake of employment.—*N. Y. Med. Times.*

*Death from Hydrophobia.*—On September 2, a man named Michael Foster was taken to the Kings County Hospital from Brooklyn, where he died on Monday from hydrophobia. Deceased had been employed in a stable in Boerum street, but on account of his intemperate habits, about four weeks ago he was discharged. He left at the stable a small dog, which the keeper requested him to take away, which he did. While endeavoring to catch him, the dog ran into a place where nothing but his tail could be reached. Foster grasped hold of this and dragged him out. As he did this, the dog turned and bit him on the hand, inflicting a slight wound.

There was no suspicion of the dog being rabid, and no attention was paid to the bite. Last Friday, Foster began to feel very strangely, and would go into spasms at the sight of water. On Sunday morning he came to the stable; when one hand was placed in a basin of water, he could hold it there but a very short time; and although carrying water all the time, the sight of it would excite him very much. Five physicians were called in, and one of the number declared he had hydrophobia, but the others thought differently. He was finally taken to the hospital, where he died, as above stated, within twenty-four hours, in great agony.—*N. Y. Daily Times.*

*Yellow Fever* is desolating a number of the cities in Virginia. A committee appointed by a town meeting of our citizens are sending funds and physicians to Norfolk and Portsmouth. New York and Baltimore are doing the same. Our large cities generally on the Atlantic border are very much deserted this summer, temporarily, on account of the rumors of disease in the South. Strict quarantine is enforced in Philadelphia. Our city, in the mean time, is remarkably healthy and free from all epidemic disease. The usual diseases of the season appear to be much less frequent than usual.—*Phil. Med. and Surg. Jour.*

*The Yellow Fever* of 1853-4-5, a triune or triennial epidemic, though temporarily suspended during the winter season, rages still in New Orleans. The illusory hopes and flattering prognostications which many persons indulged, that the unparalleled epidemic of 1853 had exhausted itself, or rather the food on which it fed, have ended in disappointment. Several cases of the fever occurred in the spring; the number slowly augmented, while cholera, then prevalent, rapidly declined at the approach of the summer solstice. The reported weekly mortality from yellow fever for eight weeks, commencing with June 23, and ending the third week of August, is respectively as follows: 17, 32, 44, 119, 173, 222, 291, 394. Total for this period, 1292—anterior to which the deaths from yellow fever were very few—since which they have progressively increased, and will be summed up hereafter.

After the most searching investigation, there appears to be an entire unanimity of opinion, both among contagionists and non-contagionists, that the yellow fever of 1855 originated in New Orleans, and that all the earlier as well as the later cases occurred among persons who had not been in any manner exposed to the fever in foreign ports or to imported contagion.—*N. O. Med. and Surg. Jour.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, SEPTEMBER 20, 1855.

No. 8.

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*To the Editors of the Boston Medical and Surgical Journal.*

GENTLEMEN—Accompanying this, I send you a short sketch of the cholera as it prevailed here in 1851, which, if you think of sufficient value, you are at liberty to publish in the excellent "Boston Medical and Surgical Journal." As the treatment used did not differ essentially from that usually adopted, I have purposely said nothing about it, and have only given the *facts* regarding the origin and prevalence of the disease in this locality. The etiology of cholera can only be fully determined by a collection of facts, and these I have endeavored to give.

Respectfully,  
*Carthage, Ill., Aug. 23, 1855.*

GEORGE W. HALL.

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## AN ACCOUNT OF THE EPIDEMIC CHOLERA AS IT PREVAILED IN THE TOWN OF CARTHAGE, ILLINOIS, IN THE SUMMER OF 1851.

THE village of Carthage, Illinois, is situated in the open prairie near the centre of Hancock County. The land on which the village is built is higher than that around it. One mile north of the village there is a small creek, and another about the same distance east of it. Along these creeks there is a strip of woodland. All the well water in the neighborhood contains carbonate and sulphate of lime in solution. During the months of April, May, and June, 1851, it rained excessively in this region, and to such an extent that much of the high dry land, and all the low lands, were rendered unfit for culture that season. During these months, and July, the weather was exceedingly hot,—much more so than usual. In consequence of the rains, large and numerous collections of stagnant water were formed on all the low places, and places at all filthy were rendered doubly so by the rains and great heat, and rapid decomposition of animal and vegetable matter.

On the 29th of June a German came into this village, stopped a while at one of the taverns, and complained of having diarrhœa; he stated that he had come off the Mississippi river where cholera was prevailing. After resting a while, he started on, and went nearly two miles, when he stopped at a farm near the road, crawled

into a straw pen, and was found soon after in almost a speechless condition. I saw him just after he was discovered, and found him in collapse from cholera, and he rapidly sank and died. As the symptoms of the disease are so well known, and were so marked in his case, I will not occupy space in giving them. After the remains of this poor fellow were buried, the cautious farmer set fire to the pen in which he died, and it was burned up.

No more cases of cholera occurred in the neighborhood, nor any unusual amount of diarrhœa, till the 16th of July following. On the 15th of July a circus company performed in this place, several of the men connected with which had diarrhœa. They left that night, and on the next morning, the 16th, three young women and a man, at the tavern where most of the circus company put up the day before, were suddenly attacked with cholera; and in spite of every means used to save them, they all sank into collapse and all died before 10 o'clock that night. Two of the women had been hard at work the day before their death, but the other one, and the man, had not. The house in which these cases occurred was a large one, and so constructed that it could not possibly be ventilated. Near the house was a large stable, around which were large heaps of manure, and straw which had been exposed to the action of the rains and heat. About forty feet from the house was a large privy, and under the porch a cistern filled with water, in which much refuse matter had been thrown. The exhalations from the stable, privy, and cistern, produced a stench perceptible for some distance from the house.

On the 17th, the day after the death of the above cases, another woman at this tavern was taken with the disease, and, like the others, died in a few hours.

On this day too (the 17th), a man who had been engaged in attending to the other cases, and who had been much about the tavern for several days, though living at some distance from it, took the disease, and died. This man was an habitual toper, and had used liquor freely, as a supposed preventive. On the same day, also, the father of one of the young women first attacked, left with his partner in business, and their wives, and went to a village 18 miles distant, where all were taken with cholera, and the two men died soon after their arrival. The two women recovered. On the next day, the 18th, four more men took the disease at the tavern where the above cases occurred, three of whom recovered, the other died. The next day, 19th, a young woman took the disease at the same house, and though she lived through the first stages of it, she died on the sixth day from the secondary or choleraic fever.

As fears were entertained that the disease would spread, most of our citizens left with their families, and no more cases occurred till the 25th of that month (July). On this day, two men, both of whom had been much with the sick at the tavern, were taken with the disease. These men were both habitual drinkers, and had both used brandy freely for some days before their attack. One of them



recovered, the other died. Here the cholera ceased in the village, and no cases followed in the neighborhood till the 17th of August succeeding, when three young men, four miles from this place, were suddenly taken with cholera, and they all died, in a few hours (4 or 5) after they were first taken. The next day a brother of two of them was attacked less violently, and recovered. No more cases followed.

These men lived in a low wet place, and were remarkably filthy in their habits. They had all been engaged at hard labor in the harvest field, and had all used whiskey to excess for several days before they were taken sick.

By many the above account will be taken as favoring the theory of the contagious origin of cholera. But I think the results are explicable without the aid of contagion. In the summer of 1851, cholera prevailed extensively in the small towns and villages in the West; and wherever a *nidus* existed in which the disease, or the poison on which it depends, could germinate, so to speak, the disease prevailed, and it prevailed in no other places. Unfortunately, the tavern, where the cases occurred in this place, was surrounded with all the circumstances favorable for the production of zymotic diseases. It is, however, true that no cases occurred in this place except at this one house, or in those who had been there a good deal of the time. But of the large number there all the time the disease was prevailing, but three who did not reside in the house had the disease, and all these three were in a *depressed* condition from the use of alcoholic liquors. Those not so depressed, escaped.

So in the country; where the cases occurred, local causes existed, sufficient to form a *bed* for the poison, extensively diffused through the air, to increase in, and the depression below the standard of full health, in those who had the disease, produced by hard labor, and liquor, made them susceptible to the influence of the poison, while others in the neighborhood, not so much predisposed, did not have cholera.

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#### DETAILS OF A CASE OF DISEASE, FOLLOWED BY ANOMALOUS NERVOUS SYMPTOMS.

BY EDWARD JENNER COXE, M.D., N. ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

It will scarcely be denied, that in the practice of medicine there are occasionally presented interesting cases of disease, which though curable by appropriate treatment, or the recuperative power of nature, elude our ability to correctly trace the proximate cause, or satisfactorily account for the symptoms presented. In a practical point of view, such cases form by no means the least valuable contributions to the medical journals. Having in my own person lately passed through a short period of intense suffering and no little anxi-

ety, it appears to me that a narration of the case, with the preliminary circumstances connected therewith, will prove interesting. In order to afford a fair clue to the presumed, if not certain, cause of the well marked subsequent symptoms, it is necessary to advert to facts of former years.

In this city, New Orleans, in 1839, it was my lot to pass through one of the most severe and protracted attacks of yellow fever ever known to have been recovered from. From its inception, so violent and immediate was that usual precursory and attendant symptom, pain in the back, that but for proximity to a counter in my store, I should have fallen to the floor, as though struck by lightning. It was my own opinion, as also that of medical friends, that the spinal marrow had received possibly the first, certainly the most serious, impression from the inscrutable cause of our almost universally acknowledged home-born yellow fever. 'The particulars of all the symptoms developed in this case, no less than the treatment adopted by my first medical attendants, in the first, and confessedly most important stage of this fever, as far as certainty of cure is concerned, would not be void of practical interest; but not wishing to trespass too much upon the pages of your Journal, I forbear dilating thereon. There are, however, several points of interest connected therewith, that seem deserving of notice. 1st. That subsequent to recovery, I suffered from a severe attack of orchitis, accompanied by great swelling and numbness of the lower limbs, requiring pretty active treatment for months. 2d. That about the height of the attack, the left parotid gland became much inflamed and swollen, to such an extent as to completely destroy the shape and appearance of the ear, to close the left eye, and ending in supuration, which eventually required being opened in two places. During the incision, at the back and lower part of the ear, which was necessarily rather deep, a nerve was partially cut, causing for about an hour the most excruciating pain. This gradually subsided, but there remained for some months a peculiar nervous thrilling, slightly painful, extending over the left side of the face, and which for years was always produced by shaving, passing a finger over the part, or pressing the tongue against the internal part. 3d. That in connexion with, and evidently in consequence of, this injury, there has continued to the present time, irregular as to time and frequency, a copious oleaginous exudation, or apparent perspiration from the cheek, remote from the incision, unattended by pain, distinctly visible to others, and requiring to be wiped off. For many years it would invariably occur when eating, as well as at other times, but could not be produced when trying to do so by motion of the jaw. During cold weather it would be more frequent and copious than in summer.

Four years subsequently, during which the system had recovered its general health, being obliged to visit a patient early in the morning, in wet weather, while pulling on a pair of heavy boots, which were quite damp, I unfortunately wrenched my back, and fell on



the floor, continuing for some time to suffer great pain. In a few hours I was forced to go to bed, where I remained several weeks, obliged to resort to frequent cuppings and blisters. Recovered from this, for a long time I continued exempt from further sickness until that now to be detailed.

In the winter of 1853—54, feeling well and strong, I thoughtlessly moved a barrel of castor oil, which compelled me, from the intense pain in the back, to crawl rather than walk, for several days. I hoped that cupping, with the application of cold water and liniments, would prevent further difficulty. On the third day, upon retiring, after the accustomed bathing, during which I noticed the cold water produced an unpleasant chilly sensation, I fell asleep, from which about midnight I was awakened by an excruciating pain in the back, extending to the lower limbs, and accompanied by a shaking or trembling of the whole body, so violent as to move a large bedstead. Ere long the body became intensely hot and dry, the pulse hard and full, the face highly flushed, the eyes completely injected, feeling hot and dry, and a peculiar burning sensation in the brain. While striving to endure such an unpleasant condition, I was revolving in my mind the probable cause, duration, and termination, as also the proper means for relief. I thought of bleeding, cupping, mustard poultices, and a hot bath, as mainly indicated, for I could not conceive of any possible benefit from internal remedies. Unwilling at that hour to send for a medical friend, though strongly urged to do so, I continued to endure the extreme suffering for more than two hours, when fortunately a gradual remission was observed, especially of the spasmodic movement of the body and limbs. The pain in the head, and other symptoms, gradually abated, when, from fatigue, exhaustion or some abnormal condition of the brain, I fell asleep, and though restless, I did not awake until eight o'clock the next morning. The prominent symptoms had disappeared, although I still experienced great pain in the back, and difficulty of moving about the bed. Instead of keeping quiet, which was proper and should have been observed, I in a few hours with great difficulty got up, dressed, and hobbled down stairs. I could eat no breakfast, had no desire for it, and, uncomfortable in any position, I finally started off for my store, which I reached with difficulty. There I fully intended having cups applied, which certainly should have been done, but was not. In an hour or two I returned home, and applied, frequently, stimulating and anodyne liniments, followed by a thick compress of towelling, soaked in salt water, to the back, retained in situ by a towel and bandage. On the compress, I had sprinkled red pepper, spirits of camphor, and tincture of arnica. In a few days, by a continuance of the above course, I improved quite rapidly, and shortly resumed attention to my business.

Although previously to this severe attack I had experienced considerable numbness in the legs, with a want of power to control their position in walking, these symptoms were for some time more

prominently marked after this attack. From that time to the present, while enjoying bodily health, I have had several minor attacks of pain in the back, accompanied by numbness in the limbs, in every instance the direct result of undue exercise of a severe character.

Such is a brief statement of the more prominent symptoms in the different attacks, which appear to me to have resulted from the primary morbid impression made upon the spinal marrow, reproduced and aggravated by laborious exercise. It appears difficult to account with certainty for such peculiar symptoms, more especially, as the force of the disease having passed, and perfect health re-established, not the least evidence of pain or uneasiness in the back could, or can be, produced by pressure however forcibly applied. A satisfactory and precise solution is requested.

Far be it from me to recommend a state of "masterly inactivity," when called to relieve the pangs of suffering humanity, as in the case related; still, as it stands, it does seem to clearly portray the great power of that aid of all physicians, the *vis medicatrix nature*. It is most certain, that, without any remedial means, the violent and painful symptoms were overcome, and it may possibly be admitted that whether an heroic allopathic, or a diminutive (as to dose) homœopathic course had been resorted to, a similar effect would have followed, with, as a necessary consequence, the merit of success claimed, whether deservedly or not, for whichever plan had been adopted.

#### ULCERATIONS OF THE CERVIX UTERI.

*To the Editors of the Boston Medical and Surgical Journal.*

ON looking over your index just issued, I perceived a reference to a criticism by yourselves on Dr. Miller's reply to Dr. West, on Ulceration of the Cervix Uteri; and on turning to my files I found the number of the Journal containing that criticism was absent. From this circumstance, and from the failure of the Messrs. Ticknor to obtain for me the pamphlet of Dr. Miller, I never knew, until to-day, the purport of the reply.

On reading your able criticism at the present time, I find that Dr. Miller takes the same ground which I endeavored to maintain in No. 18, Vol. LII., of the Journal, and it is chiefly to explain the absence of any mention of his lectures in my paper, that I write this. My article, though not sent to you till later, was written before the issue of your criticism, which I never saw till to-day, and by which alone I am now informed of the ground taken by Dr. Miller.

I can, however, but feel confirmed as to the correctness of the position advocated by myself, from having arrived independently at the same conclusion with the Louisville Professor; viz., that Dr. West's paper ends in attributing to his opponents views which they



never attempted to maintain, and which he finds it comparatively easy to refute. I do not think it necessary to infer that Dr. West is wilfully unjust to those he opposes, except perhaps so far as *prejudice* is wilful.

Very truly yours,

Sept. 7th, 1855.

L. PARKS, Jr., M.D.

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#### POISONING BY RHUS TOXICODENDRON (POISON IVY).

[Communicated for the Boston Med. and Surg. Journal.]

ON the third of August, I discovered upon a beach in Cohasset, some plants of the *Rhus Toxicodendron*, from which I was desirous of obtaining a specimen. I cut off one of the stems and carried it home between the little finger and the ring finger of my left hand, and in so carrying it, the cut end came in contact with my thumb, just below the joint, and the juice formed a spot there which gradually darkened by exposure to the air. This spot was not acted on by soap, and I preferred to let it remain, in order that I might observe the effects of the poison. On the 17th of August, I cut off the skin and spot together. The stain seemed to have penetrated the skin for quite a noticeable depth. On the twentieth, I observed a small swelling appearing on the little finger, and, on the twenty-second, another was developed on the thumb. On this day I rowed a boat under a hot sun. On the twenty-third, the swelling had increased, covering the greater part of the lower joints of both thumb and finger. I now applied a linen compress soaked with coffee, and this I kept on for two days, eating as usual, and taking long walks. The swelling had disappeared on the twenty-sixth, giving place to a sort of callus, which has since fallen off in the form of a scab. A new skin has now covered both scars.

Cohasset, Aug. 31, 1855.

T. W. CLARKE.

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#### CAMPHOR AN ANTIDOTE TO STRYCHNIA—EXPERIMENT—FAILURE, &c. &c.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING read an article in the 51st vol. p. 476, of the Boston Medical and Surgical Journal, from Dr. Tewksbury, of Portland, Me., upon the antidotal effects of camphor upon the poison of strychnia, I have been induced to make an experiment with reference to it, and report the result thereof in your Journal. On the 1st of May, 1855, I procured two dogs of equal size, age, and health, for the purpose of experimenting. To the first, I gave 1 grain of strychnia, followed immediately by the administration of 2 drachms of strong alcoholic tr. of camph.; in ten minutes, I gave another drachm. In twenty minutes from the time it took the poison, it fell, strongly convulsed, apparently dead; the fit lasted five minutes. When it recovered a little, I gave 2 drachms more of tr. camph.; in five minutes it had another fit, harder than the first, lasting ten

minutes. It was scarcely recovered when it took another, and in five minutes died.

To the second, I gave 1-2 gr. strychnia, followed by 1 drachm of tr. camph. In ten minutes, I gave another drachm; and in ten minutes, another. In five minutes from the last dose of camphor, it had a light fit, which lasted but a few seconds. In ten minutes, I gave a drachm more, which was scarcely swallowed when it was taken with violent convulsions, and died in a few minutes.

In one hour after their death, I inspected the bodies. In both, serous effusions were present in the head, and its vessels filled with fluid blood. The lungs were in a highly congested state. The heart and its vessels contracted and empty. The bodies of both were flaccid, as soon as death took place. In the first, the stomach was much inflamed, of a deep violet tint, the poison adhering to its villous coat; detected, by the addition of nitric acid, when it assumed an orange-red, which soon passed to a golden yellow hue. The stomach of the second was but little affected; none of the poison could be detected on its coats. The intestines of both were tied into a perfect knot. The first died in about 45 minutes from the time it took the poison—1 grain of strychnia; the second died in 37 minutes, and took half the quantity of poison the first did. The first took 5 drachms of tr. camph.; and the second 4 drachms. Was it the extra drachm of camphor that prolonged the life of the first? I think not.

*Bates Co., Mo., Aug., 1855.*

J. E. THOMPSON.

#### OBSERVATIONS UPON SYPHILIS.

[Communicated for the Boston Medical and Surgical Journal.]

THE primary tendency of syphilis is to the cutaneous and mucous tissues; progressively, the fibrous formations, bones, muscles, tendons and nervous structures, are invaded. These organs are all subject to disorganization, and the destructive process even attacks the parenchyma of viscera. Organic disease of the liver, larynx, stomach, lungs, heart and brain, are engendered by syphilis.

Professor Dittrich, of Erlangen, has shown that the tertiary disease produces inflammatory action in the liver, proceeding to partially organized exudations. Cicatrization sometimes ensues, and sometimes suppuration.

Syphilitic hepatitis is first evinced by jaundice, tumefaction in the region of the liver, diarrhœa and dyspepsia. The sanguineous engorgement is liable to extend towards the enfolding membrane of the liver, and severe peritonitis may be the result. The adipose tissue shrinks, the muscles are enfeebled, and weakness of the senses of sight and hearing ensues. The skin is livid or sallow, and indicative of the cachexia. The blood disks are diminished, anemia and asthenia are accompanied by palpitations, vascular murmurs, and throbbing headache, symptomatic of imperfectly filled



veins and deteriorated blood. Atheromatous deposits, purpura hæmorrhagica and remittent fever sometimes take place.

Professor Dittrich has published three series of cases illustrative of his views. The first group confirmed the coëxistence of inflammatory action in the liver and destructive ulceration at the palatine arch.

The second class involves cases exhibiting no disease of the throat, though the hepatic and pulmonary disorganization was unmistakably consequent upon venereal poison. Other cases were demonstrative of the simultaneous existence of exudation, the suppurative process, and cicatrization in the liver.

Numerous autopsies convinced Ricord that syphilitic tuberculosis existed in the lungs, analogous to cutaneous gumma. The pulmonary and external tumors proceed through the same stages towards suppuration. The same observer saw tubercles in the heart which had commenced to soften. The lungs and skin presented similar exudations, though there had been no evidence of pulmonary phthisis anterior to contracting the lues. This author recommends an anti-syphilitic medication whenever any profound ailment, masked in its symptoms, resists a rational treatment, and a probable suspicion of a venereal taint exists. Syphilitic perichondritis and laryngeal inflammation arise by extension from the free surfaces. Dittrich maintains that the affection uniformly invades the soft parts primarily. Portions of the exudation are removed by suppuration, and the ulcerative process penetrates the subjacent tissues. Thus disintegration of the cartilages and necrosis occur.

Syphilis may cause idiopathic affection of the brain and spinal marrow.

Ricord found tubercles in the brain of persons who had died from syphilis, resembling syphilitic deposition elsewhere. He asserts that syphilis is a very frequent cause of palsy and disturbance of the sensory and motor functions. The tertiary disease is an occasional cause of epilepsy. Ricord cured such a case, wherein the treatment of other physicians had proved inefficient.

The same authority describes a form of nervous derangement termed by him syphyliophobia. Uncontaminated by venereal contagion the patient imagines himself to be the victim of syphilis, and the hypochondriac conviction haunts him perpetually. Every slight bodily derangement is magnified into an indication of the latent disease, and the patient becomes a persistent plague to himself and physician. The consequences are often deplorable, for the patient is quite sure to suffer, either from his own imprudent drugging or at the hands of some rapacious charlatan.

*Attleborough, Sept., 1855.*

E. S.

CASE SIMULATING CHOLERA, TREATED BY CHLOROFORM  
INHALATION.

MESSRS. EDITORS,—The following case came under my observation and treatment, and if you think it of sufficient interest, you can place it in the pages of your Journal, and oblige

Yours, W. THOS. OUSLEY.

Burksville, Ky., Sept. 5, 1855.

K. W., æt. 40, laborer, of a robust constitution, was taken violently ill on the night of the 3d of August, 1855, with pain in the bowels, watery dejections, and vomiting, with cramps. On the 4th, at 3, A.M., I was called in haste to see him, and found the following symptoms. Countenance shrivelled and cadaverous; pulse 130, hardly perceptible at the wrist; surface generally cold; tongue red and glossy; violent cramps, with intermission. His general appearance was similar to that of a person in the collapsed stage of cholera. Says that he has passed, through the night, to use his own expression, “a bushel of water,” from his bowels and by vomiting.

I first had mustard sinapisms placed over his stomach, abdomen, and upon each ankle and wrist, and administered opii. grs. ii., cal. grs. x., which he rejected again, and again, directly after it was taken. Finding the cramps increasing in violence, I concluded to use *chloroform inhalation*. Accordingly, I placed a drachm of the article upon a linen handkerchief, and requested him to inhale it gently, after which he went into a sound sleep. At this juncture I had just given the medicine which was retained. An hour after the inhalation, he awoke a little better, but still had severe cramps, with retching. I again applied the chloroform, and he again was relieved as by magic. I ordered to be taken a pill composed of opii. grs. ii. cal. grs. iv. every four hours, and left chloroform with directions to use it when symptoms indicated. At 4, P.M., patient was seen. Pulse 100; surface warm; cramps and retching nearly subsided; some pain in head, for which I applied cold water with relief; thirst very great, and has been since I left; has used the chloroform every hour or two, with great relief; has had no dejection. I now ordered Seidlitz powders, until action of the bowels; and afterwards, Dover's powder, if any febrile excitement, and if not, occasionally brandy and water.

Aug. 5th. Patient now much better; pulse 75, soft; had two bilious dejections; appetite good. Ordered fluid nutritious diet.

9th. Patient gradually improved up to this date, and is now well.

The above case shows how readily cramps and vomiting may be mitigated by the employment of chloroform inhalation.



**Hospital Reports.****MASSACHUSETTS GENERAL HOSPITAL.**

*Colloid of the Stomach—Tuberculous Disease of the Pleura, Lung and Bronchial Glands—Softening of a Bronchial Gland, with opening into the left primary Bronchus—Dysentery—Death—Autopsy.* (Under the care of Drs. SHATTUCK and PERRY. Reported by Dr. C. ELLIS.)

J. F., a native of Maine, 59 years of age, had been a baker for forty years. He entered the Hospital under the care of Dr. Shattuck, on April 16th, attributing to hard work an illness of a year's duration. He first noticed a swelling of the right leg, then of the left, and finally of the abdomen, but these all disappeared a fortnight before his entrance. With the exception of dulness on percussion, over the fifth and sixth ribs, and feeble respiration in the supra-spinous fossa on the left side, nothing remarkable was detected on examination of the chest. The sounds of the heart were normal. The urine contained a small deposit of oxalate of lime, but was in other respects normal. There being considerable debility, various preparations of iron were administered, for a number of weeks. On April 30th, some œdema of the legs was noticed, but this disappeared after the use of acetate of potash and other diuretics. In June, Dr. Perry took charge of the case. No new symptoms made their appearance, which threw any light upon the cause of the debility, which was still marked, and did not diminish under the use of *mist. ferri comp.* Since his entrance the bowels had been generally constipated, and cathartics were frequently administered; but, on Aug. 5th, he complained of diarrhœa, accompanied by pain and tenesmus. This yielded at once to suitable remedies, and on the 10th, constipation was again reported; but on the 21st, diarrhœa was spoken of as returning every day or two; and from this time it persisted, notwithstanding the use of a pill composed of opium, rhubarb and camphor, the discharges on the 25th becoming involuntary. In the mean time, the mind became decidedly affected, the skin grew cold, the appetite failed entirely, with occasional nausea and vomiting, the prostration became more and more marked, and he died, Aug. 28th, having coughed uninterruptedly during the early part of the night.

*Autopsy*, 12 hours after death, by Mr. Hyde, medical house pupil, who furnished the greater part of the following details; the stomach, pleura, lungs, and large intestine, being described by Dr. Ellis.

There was a much larger quantity of sub-arachnoid fluid than usual, and the lateral ventricles contained, by estimation, ℥ij. of clear serum. The substance of the brain was of natural consistence.

The pleural surfaces on the left side were firmly adherent, superiorly, while below, the cavity contained ℥xxiv. of serum. The free surface was covered with a thin, bright-red layer of recent lymph, through which, in the diaphragmatic and mediastinal portions, were seen yellow nodules, two or three lines in diameter, rising slightly above and embedded in a dense, white, false membrane about a line in thickness. These nodules resembled caseous tuberculous matter, and, under the microscope, presented an abundance of the so-called tuberculous corpuscles.

The right pleural surfaces were adherent posteriorly, near the spine. The remaining cavity contained ℥xiiij. of yellowish serum.

The bronchial glands were of a black color, and contained much caseous, tuberculous matter. In one of these, situated just above the left primary bronchus, softening had taken place, resulting in a cavity about an inch in

depth, containing remains of tuberculous matter. The mucous membrane of the adjacent bronchus, in that part in contact with the diseased gland, was of a dirty brown color, and presented several yellow, tuberculous looking spots. At the lower part of this discolored portion, were two minute openings, through which a probe passed into the cavity mentioned.

The right lung was crepitant and healthy throughout. The upper lobe of the left was also crepitant, but, scattered about in its substance, were a number of greyish tubercles, a line in diameter. Posteriorly, about on a level with the third rib, where the organ was torn on removal, was a yellow, caseous mass, half an inch in diameter. The lower lobe contained no air, and was rendered fleshy by compression.

In the gall-bladder were  $\frac{3}{4}$  ij. of dark-green, viscid bile.

The stomach was distended with flatus, and contained about  $\frac{3}{4}$  v. of green, acid liquid. Mucous membrane normal, except in the pyloric portion, where there was a morbid growth 3 1-2 inches in diameter, involving nearly the whole circumference of the organ, a strip along the larger curvature alone escaping. Rising from three to six lines above the surface, it was abruptly limited by the surrounding mucous membrane, half an inch of which still remained between it and the pylorus, in the same healthy condition as that covering the rest of the organ. The adventitious mass resembled, in color and consistence, partially boiled tapioca, but on close examination was seen to be composed of fibrous tissue, forming alveoli, which were filled with the peculiar colloid substance, this being in some portions quite abundant, while in others the cut surface presented a more uniform, dense, moist, glistening, semi-gelatinous appearance. Parts of the internal surface were rough, or flocculent, as from the persistence of the fibrous substance, after the rupture of the alveoli. The mucous and sub-mucous cellular coats were alone involved for an inch and a half from the pylorus, when all of the tissues became blended together, and indistinguishable, from conversion into the morbid growth, and, at one point, an equivocal trace of the disease was seen upon the peritoneal surface.

On microscopic examination, there were seen, a delicate fibrous structure, inclosing numerous irregular, transparent cavities; other cavities, apparently surrounded by fibres, and filled with granular cells, larger than those of pus, but to which no name could be given; similar cavities, which, with a higher power, were surrounded by small, elongated nuclei, rather than fibres, and contained the same granular cells; finally, the cells, isolated and in groups.

If an inference may be drawn from the relative amount of these elements in different parts of the structure, we may conclude that its distinctive character was owing to the deposition of a peculiar substance in alveoli, already existing or newly formed in fibrous tissue, the latter being least marked, where the colloid matter was most abundant.

The small intestine was normal.

The large intestine was much contracted, and its walls thickened. Upon the inner surface were numerous red elevations, evidently consisting of injected and thickened mucous membrane. Between these, very few well-marked ulcerations were seen. The surface, on the contrary, was smooth, rather pale, and on attempting to raise the mucous coat, it could not be done. If it existed, it had become so firmly united with the sub-mucous cellular tissue, that it could not be demonstrated. This peculiar change was most marked in the lower part of the intestines, where a large surface was thus affected.

Other organs not remarkable.



This case was thought worthy of notice as an example of a rare, as well as entirely latent, affection. Not a symptom referable to the stomach manifested itself until the supervention of disease in the intestines, and then the nausea and vomiting were much less than in many cases of dysentery. Though there was no direct evidence of the cancerous nature of the disease, it may be interesting for those who regard it as such, to note its connection with tuberculous disease of the pleura, lungs and bronchial glands; in the latter, certainly, in an active state.

### Bibliographical Notices.

*Letters to a Young Physician just entering upon Practice.* By JAMES JACKSON, M.D., LL.D., Professor Emeritus of the Theory and Practice of Physic in the University at Cambridge; late Physician in the Massachusetts General Hospital; Honorary Member of the Medico-Chirurgical Society, of London; Corresponding Member of the Academy of Medicine at Paris, &c. Boston: Phillips, Sampson & Co. 1855. 12mo. pp. 344.

This work, which we announced a few weeks since as in preparation, will be read with eagerness, as containing some of the results of the experience of one who holds the first rank in the profession to which he has been devoted for upwards of half a century. As we shall print in an early number a critical review of the book, we content ourselves, for the present, with saying that it consists of a collection of letters, written in an agreeable and sensible style, upon some of the more important diseases, as they have presented themselves to the observing eye of the eminent author. Among the subjects treated of, are diseases of the nervous system; headache; epilepsy; apoplexy and palsy; chorea; neuralgia and pain; dentition and the period of weaning; cholera infantum; the second dentition; phthisis and hæmoptysis; dyspepsia; some of the diseases of the intestines, particularly the cæcum and colon; besides many other topics. Without pretending to be an elaborate treatise, it contains a vast amount of valuable information, a great part of which is new to the profession. The philosophical mind of the author is reflected from every page, and gives simplicity and beauty to the style, while it carries conviction to the reader. Although no attempt has been made to write a *popular* book, yet the interest and value of its contents will doubtless give it a wide circulation out of the profession. We need hardly say that we recommend every one to read it; our own expectations are more than realized on its perusal, and we are confident that those of others, however high, will be as amply fulfilled.

*Transactions of the Medical Association of Southern Central New York, at the Ninth Annual Meeting.* Elmira, 1855. 8 vo., pp. 124.

We anticipate much pleasure in reading the interesting and valuable papers contained in this volume. So far as our time has permitted us to examine them, they are well and carefully written, and on subjects of great interest. The "Transactions" are an honor to the Society.

*The Atlanta Medical and Surgical Journal*, edited by JOSEPH P. LOGAN, M.D., Professor of Physiology and General Pathology, and W. F. WESTMORELAND, M.D., Professor of the Principles and Practice of Surgery, in the Atlanta Medical College, Atlanta, Geo.

The first number of the above Journal has just reached us. From the

character of the address of the editors, we are inclined to think favorably of it as a medical periodical. The first number contains several original articles of interest, and, as must be expected in the beginning of a work of this character, a large amount of selected papers. The Journal is the organ of the faculty of the Atlanta Medical College, and the editors "are prepared to hear the croak of enemies, but equally so for the encouraging voice of numerous friends, who have not failed them in a darker hour than the present." We heartily wish them success.

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*Hooping Cough ; its History, Nature, and Successful Treatment.* By LAURENCE TURNBULL, M.D., Physician to Luke's Church Home, &c. Philadelphia : Lindsay & Blakiston. 1855. Svo., pp. 18.

This pamphlet contains a carefully-written account of the history and literature of the disease, and of the different modes of treatment proposed and praised by various authorities—narcotics, hydrocyanic acid, alum, sesquioxide of iron, garlic, cinchona, cauterization with nitrate of silver, nitric acid, chloroform, and change of air. The author prefers belladonna to every other remedy. He gives it in the dose of one-sixteenth of a grain to a child of three months, every three hours ; one-eighth of a grain to a child one year old, and at other ages in like proportion, triturated with water, and sweetened with syrup. In twenty cases treated in this manner, the average duration was ten days after the first whoop, when the case was free from complications. In a few cases, there was relapse after exposure to cold, which was soon checked by a few doses of the extract combined with syrup of ipecacuanha. The treatise contains nothing new, but will be read with interest. We notice that the author, like many others, writes "whoop" and "whooping," "hoop" and "hooping." We contend that the former is the orthography, the words *hoop* and *whoop* being in signification as different as they are in spelling.

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*The Cause and Prevention of Yellow Fever, contained in the Report of the Sanitary Commission of New Orleans.* By EDWARD H. BARTON, A.M., M.D., Chairman of the Sanitary Commission, &c. Philadelphia : Lindsay & Blakiston. 1855. Pp. 282.

The labors of the New Orleans Sanitary Commission, so creditable to each of its members, have already been very fully noticed by us, and are, we are happy to find, widely appreciated by the public and the profession.

At the solicitation of friends, Dr. Barton has issued his own portion of the "Report" in a separate volume, there being "a farther demand" for the work. In addition, a paper read before the Academy of Sciences, in New Orleans, is inserted at the end of the book, and therein the author "explains and defends" certain of his opinions which had been attacked.

We need say no more than we already have cheerfully accorded to Dr. Barton, in praise of his very valuable and extended researches, and we congratulate both him, and those for whom he has labored, upon the satisfactory results of this task, affording as they do a broad and sure foundation for radical reform and incalculable benefit. The latter can alone arise, when the means and the will to realize it shall be brought into exercise.

On the 17th page we observe the following very complimentary resolutions. Such testimony as this is all that Dr. Barton could desire, coming spontaneously from his associates in such arduous labors.

"At a meeting of the Sanitary Commission, held November 17th, 1854, the following Resolutions were unanimously adopted :



"*Resolved*, That the Members of this Commission desire to testify their high appreciation of the important services rendered by their *confrère*, E. H. Barton, M.D.; of the labor and research evinced in the collection of the materials embodied in his Report; of the devotion paid to an important branch of physical science, illustrative of climatic influences on zymotic diseases, thus furnishing important facts for the elucidation of the subjects submitted to the Commission; and of the consistent energy and perseverance with which he has aided to carry out the duties of the Commission from its inception to the close of its arduous task.

"*Resolved*, That this Commission, sensible of the truth conveyed in the preceding resolution, return their united thanks to E. H. Barton, M.D. for his co-operation in bringing to a successful close the deliberations in which we have for a period of more than twelve months been continuously engaged."

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 25, 1855.

### THE "BABY-SHOWS" IN BOSTON.

WE had resolved not to allude to these peculiar exhibitions,—our vicinity to towns in which similar shows frequently take place in the shape of "cattle-fairs," &c., impressing us with rather disagreeable associations in connection with the late performances in our city. A few words, however, hygienically and morally, are not inappropriate.

The drovers or whippers-in at these animal collections have doubtless succeeded in attaining their ends, which, of course, every one must see are wholly mercenary. No person, however *verdant*, will for a moment imagine that any benevolent desire of blessing the eyes of the million with the sight of what the showmen have designated, in print, as "things of beauty," is the spring and motive for the undertaking. The love of money-making grows in proportion to the increase of the material upon which it feeds, whether the ratio be single, duplicate, ternary or quaternary; in the present instance all these combinations are put in requisition. This unscrupulous, low instinct battens just now upon those delicate morsels of sacred home-qualities which true-hearted parents, *mothers* especially, have hitherto been supposed most religiously to cherish. The fine physical and mental qualities of their offspring, while a source of joy and innocent boasting in the family and friendly circle, have never, until of late, even by the lowest classes, been made the means of accumulating gain, either for parents or lottery-traders in human flesh! We confess to a feeling of contemptuous disgust for the whole affair. In its *white*, no less than in its *colored* aspect, it "is rank and smells to Heaven." Indeed we consider it scarcely less revolting than the outrageous exhibition of "the child and the serpent" which lately disgraced this city, and was only authoritatively suppressed when the indignation of the spectators could no longer be restrained.

It is not to be wondered at that the crowd and accompaniments at these show-pens should, as one of the daily papers expressed it, prove "a source of astonishment to the babies." We have pitied them during the late sultry weather, gasping in the midst of perspiring multitudes;—surrounded by gaping strangers;—out of their place, so entirely; breathing every body's

breath, and stunned by thousands of voices ;—but we commiserate those who brought them to the vulgar display, still more. Mothers, who, for one hundred, five hundred, or any amount of dollars, willingly expose, not only their children to the risk of their health and comfort, but also themselves to free and coarse remarks, bold, broad staring, and newspaper descriptions, must have lost those feminine attributes, which, while they render woman both lovely and worthy of love, are likewise the best safeguard and example for the young.

The discourses of certain “strong-minded” feminine (?) participators in these orgies, while they somewhat increase the morbid attraction the latter possess, serve, in addition, to show the utterly perverted taste and feeling which allow so large a portion of the community to pander to the “tricks of trade.”

We are glad to mention a sensible conclusion which was arrived at by a railway official, who remarked in our hearing that “he had been at both baby-shows, but didn’t like either of ’em much!” No more, we should presume, would any one, who had many grains of right sentiment in his composition. It is wonderful, however, what strong curiosity and ingenious “humbuggery” will effect. The most questionable and immoral performances under the guise of novelty, and so managed as to conceal their more striking features, pass unchallenged in the midst of very rigid sticklers for propriety.

The truckling of the press, *generally*, to these abominable speculations, and the license and particularity with which the personal defects or charms of the maternal portion of the stock are reported in their columns, are positively nauseating.

It is a matter for regret that the beautiful Hall, consecrated to sweet and grand harmonies and occasionally decorated with exquisite floral specimens, cannot be kept strictly free from all that offends the eye or debases the mind and heart. The recent use to which it has been put taints its pure and pleasant antecedents.

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#### THE RATIO BETWEEN THE PULSE AND THE RESPIRATION.

THE proportions existing between the rapidity of the pulse and that of the respiration have been hitherto but little studied either in health or disease, and, considering the importance of the subject, especially as respects diagnosis and prognosis, it is a little remarkable that this should be the case. We notice in the *Archives Générales de Médecine* for July, an interesting article on this question by M. Marcé, of which we give our readers the most important conclusions.

The number of respirations per minute in the adult, given by different authors, varies from 12 to 20. M. Marcé selected a large number of adults who were healthy, or suffering from slight surgical affections only. They were examined in the morning, fasting, in the horizontal position, the hand being lightly applied to the pit of the stomach, in order to count the respirations, at the same time that the pulse was ascertained with the usual precautions. In 15 adults, the mean rate of the pulse being 72, and the mean rate of the respiration being 20, per minute, the exact ratio between these numbers was 3.51. Out of this number there were 41 men, and 24 women. The mean number of pulsations for the former was 69, the mean number of respirations, 19; for the latter there was a mean of 77 pulsations, and 23 respirations; 16 and 24 are in general the extreme points between which the number of respirations varies. Hence, 1st, in a healthy



adult the mean number of respirations is 20 in a minute, which is rather higher than that indicated by authors on symptomatology ; 2d, the respiration is generally a little more accelerated in women than in men. It is, however, important to remark that idiosyncrasies are met with in certain individuals with regard to the respiration, which are inexplicable, and wholly independent of the state of the pulse ; but these cases are rare.

An important question is, whether the pulse and the respiration are accelerated in a uniform and proportional ratio, so that the proportion between them which has been stated as the normal one, remains constant, whatever the number of pulsations and respirations ? This question has not hitherto been proposed by authors, who have usually confined themselves to the *general* ratio between the rapidity of these two functions.

From his researches made on 489 persons, the subjects of different diseases, M. Marcé has discovered that the proportion existing between the pulse and respiration varies according to the rapidity of the former ; so that, if the number of the pulse is below 60, the ratio is expressed by 2.69 ; if the pulse is at 150, the ratio becomes 3.40. The following table exhibits the constant rise in this ratio, according to the increase of the pulse :

Series.	Number of Cases.	Number of Pulsations.	Mean rate of Pulse.	Mean rate of Respiration.	Ratios between the No. of Pulsations & No. of Respirations.
1	12	30 to 50	43.00	16.00	2.69
2	15	50 to 60	53.60	19.73	2.71
3	93	60 to 80	70.00	24.77	2.83
4	39	80 to 90	82.00	24.70	3.32
5	54	90 to 130	104.00	35.00	2.96
6	21	130 to 150	142.28	42.43	3.35
7	4	150 and over	172.00	50.00	3.40

Moreover, in the aged, the respiration lags a little behind the pulse ; in the adult, when the pulsations are from 90 to 130, the ratio is about 3, but in old people it is 4, and even 4.79.

M. Marcé deduces the following conclusions.

1. In the healthy adult the mean number of the respirations is 20 per minute, the mean rate of the pulse being 72.

2. The mean ratio between the number of the pulse and that of the respiration is 3.50.

3. This ratio is not constant. When the number of pulsations falls below the normal mean, the number of respirations remains proportionally higher ; when the pulse rises above the normal state, the number of respirations, although increasing, absolutely, remains relatively inferior ; in other words, the ratio increases with the number of pulsations.

4. The number of pulsations being equal, the number of respirations in the aged is lower than that in the adult.

With regard to the pathological conditions under which the respiration is notably accelerated, relatively to the pulse, M. Marcé, from observations on 80 patients, arrived at the remarkable result that there is no disease, either of the heart, pleuræ or lungs, which has in itself a positive influence on the acceleration of the respirations ; one single affection, pleurodynia (*point de côté*), whatever its nature or cause, has the power of increasing their proportional number. To take a single example from a large number. In a woman affected with jaundice, an intercostal neuralgia suddenly occurred, giving increased frequency to the respiration (90 pulsations, 48 respirations).

Search was made for some grave disease, but in a few hours the pain disappeared, and the number of respirations was diminished by 18.

The respirations are relatively *diminished* in all the cerebral affections, whatever their cause or nature, provided there be no compression of the nervous centres, and more or less complete loss of consciousness. In all individuals who have undergone a considerable loss of blood, the respiration also becomes slow. Thus in a patient rendered quickly anæmic in consequence of a wound of an artery in the hand, the pulse was 90, the respiration 16. For some days afterwards the pulse rose to 102, while the respiration continued at 16. These results are attributed by M. Marcé to the imperfect performance of the cerebral functions, caused either by compression of the brain, or its incomplete stimulation, owing to impoverished blood.

M. Marcé's paper contains many other details of interest and value, which we regret that our limits prevent us from transferring to our pages.

#### GUTTA PERCHA PIPE.

SPECIMENS of the tubing made from gutta percha, and intended to be used as conduits for Cochituate water, have been shown to us by Mr. Charles Stodder, 75 Kilby street. The material is skilfully wrought, and seems peculiarly well adapted to the purpose abovementioned, as also "for soda water, beer, vinegar, acids, chemical uses, speaking-tubes, &c.," in the words of the proprietor's advertisement in the last number of this Journal.

A tunnel, for chemical use, is made by Mr. S.; and in addition to its property of not being acted on by acids (or only in a very slight degree), it has the advantage of non-fragility, and is thus much cheaper than glass, while apparently quite as cleanly.

We do not see why gutta percha should not be largely used for the purposes indicated. However slight, in most cases, may be the impregnation of the water which we drink, with lead, there are, every now and then, instances of disease arising from its imbibition. All risk of the sort would disappear by employing aqueducts of this useful material.

#### "SANITARIUM FOR AFFECTIONS OF THE THROAT AND LUNGS."

The "*Medical Examiner*" for September, 1855, has a notice of an establishment of this nature, a knowledge of which may be of service to invalids about resorting to the South. Such persons need all the comforts they can have, and often suffer quite as much from the lack of them as from their diseases. Unless a reasonable assurance can be afforded to those in search of health that an *approach*, at least, to home-conveniences may be attained by them during their sojourn, they had better remain where they are.

We have many instances fresh in our recollection where, as we firmly believe, life was not only shortened but rendered miserable by the added struggle with inconvenience, fatigue, and unavoidable exposure. We subjoin a portion of the notice referred to.

"We are glad to learn that an establishment will soon go into operation to which those suffering from such affections may resort with every confidence, both in regard to its hygienic management and the medical skill of its attending physician.

This *Sanitarium* for affections of the throat and lungs is to be under the care of Dr. N. D. Benedict, late Superintendent of the New York State Lunatic Asylum.

It is located at Magnolia, East Florida, on the river St. Johns, between



Jacksonville and St. Augustine, at a distance of about twenty miles from the sea-board. It is one day's journey, by steamboat, from Savannah and Charleston, and four days, by steamer, from New York and Philadelphia, *via* Charleston or Savannah.

The climate of East Florida is probably better adapted, as a winter residence, for invalids with delicate lungs, than any other part of the United States. The mean temperature of the winter months is about 60 deg.; frost is rarely seen, and the little rain that falls is rapidly absorbed by a dry, sandy soil, shaded by pine forests.

After much observation and deliberation, the above site was chosen, believing it to possess as many, if not more, advantages than any other location in the country.

The house, which is commodious, having large, airy chambers, and in every respect well constructed for the purpose, will be opened in November next for the reception of invalids, who may or may not be accompanied by their friends."

#### RULES FOR PROFESSIONAL INTERCOURSE, &c.

THE Physicians of Allegan, in the State of Michigan, have adopted and published an excellent set of regulations by which they pledge themselves to be guided in their intercourse with each other.

The chief points which we notice are, first, the resolve not to attend upon a patient "who is under the care of another physician," unless by the latter's request or when he is absent from town.

Secondly,—not to attend, unless the attending physician shall have been "regularly discharged and satisfactorily compensated for his attendance."

Thirdly,—No attendance will be rendered when a patient refuses to settle the account of the physician previously in charge.

Fourthly,—a resolve is made to collect professional dues at least "once a year and as much oftener as practicable;" and not to visit for medical purposes any person who declines "to make such a settlement."

A fee bill is framed by which it is stated they will "be governed." The fees are about one half those demanded in this city. If such charges can be *realized* by our brethren in Michigan (and they are not a whit too high), we surely ought to receive the sums fixed by our own Medical Police.

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*Books and Pamphlets Received.*—Osteological Memoirs, No. 1.—The Clavicle. By John Struthers, M.D., F.R.S.E.

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MARRIED,—In Hudson, N. H., Aug. 30th, D. Onslow Smith, M.D., to Miss Mary H., daughter of Reuben Greely, Esq., all of that place.

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DIED,—In Reading, Penn., Dr. Isaac Hiester, aged 70, a distinguished physician, beloved and respected at home, and enjoying a high reputation abroad as a man of science and a medical writer.—In Washington, D. C., 12th inst., Dr. Henry Lee Heiskell, Surgeon United States Army.

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*Deaths in Boston* for the week ending Saturday noon, Sept. 15th, 125. Males, 69—females, 56. Accidents, 3— inflammation of the bowels, 3—congestion of the brain, 2—disease of the brain, 1—softening of the brain, 1—consumption, 22—convulsions, 3—cholera infantum, 14—croup, 4—dysentery, 10—diarrhoea, 3—dropsy in the head, 5—drowned, 1—debility, 1—infantile diseases, 6—erysipelas, 2—typhoid fever, 3—scarlet fever, 1—bilious fever, 1—hooping cough, 1—disease of the heart, 1—jaundice, 2—disease of the liver, 1—marasmus, 3—measles, 3—old age, 3—palsy, 1—purpura hemorrhagica, 1—disease of the spine, 1—scrofula, 2—smallpox, 3—teething, 14—thrush, 1—unknown, 2.

Under 5 years, 75—between 5 and 20 years, 7—between 20 and 40 years, 20—between 40 and 60 years, 13—above 60 years, 10. Born in the United States, 92—Ireland, 30—British Provinces, 2—England, 1.

*Cholera.*—This epidemic prevails to a considerable extent in Italy and Spain. At Fiume, about the middle of June, the number of cases occurring daily was from 40 to 50. Between the 28th of May and 7th of July, there occurred 520 cases at Verona, 951 at Venice, and 467 at Padua. At Treviso, 674 cases occurred during May.

El Criscol, a medical periodical of Madrid, states that the number of cases of cholera at Madrid, for the week ending July 29, was 380; deaths, 229. In the country towns of the Provinces, the medical men go about at the hazard of their lives, not only from infection but from the violence of their very neighbors, while they are risking their own lives to save others. A physician was murdered in Galicia, and an elderly medical man has been stabbed in Catalonia. In a blind and brutal prejudice, the ignorant people attribute the deaths from cholera to poison administered in the medicines, and therefore refuse to take the prescriptions. If such as these are carried off, their deaths are attributed to poison also, communicated by the physician *touching* the patient's tongue.

At Grenada, from the 27th of June to the 14th of July, 1617 persons died of cholera. At Burgos it was making great havoc. It has also broken out at Oporto, and prevails at Vienna and Pesth.—*Phil. Med. News.*

*Prevention of Abdominal Typhus by Vaccination.*—Dr. De Gressot has communicated to the Academy of Medicine some remarks upon the probable consequences of the connection established by some medical men between smallpox and typhus fever. He asks if, admitting this connection to exist, it is not desirable to attempt the prevention of the eruption on the intestinal mucous membrane by vaccination, performed upon some accessible point of its surface, in the same manner as the cutaneous eruption is combated by vaccination practised on the skin.—*Gazette Med.*

*Chloroform in Colic.*—M. Aran states that repeated experience convinces him of the great value of chloroform given internally, as a curative agent in colic, employing it also externally until the acuteness of the pain is somewhat subdued. No absolute dose can be laid down; for, while cases of medium intensity may require but 60 drops per diem, severe ones may require from 100 to 300 drops. A portion is given in water, suspended by mucilage, and about a third of the quantity in one or two lavements. The entire quantity should be given in divided doses, as the effects are soon dissipated. From the second, or more rarely the fourth or fifth day, the colic is relieved, but a less quantity of the chloroform must be continued until stools are re-established, which will usually be the case spontaneously when food is given. In 21 cases, only three required the use of purgatives. Still, in severe cases, the duration of treatment is abridged, and relapse rendered less probable, if the first success of the chloroform be followed by a dose of castor oil or Seidlitz water. In chronic colic, occurring in persons who have often had the disease, and where obstinate constipation is accompanied by moderate pain, chloroform is of no avail, active purging alone succeeding.—*L'Union Medicale.*

*Insanity.*—M. H. Legrand du Saulle communicates a case of insanity of a double form, treated successfully by sulphate of quinine. The patient, a female of 34 years, and the mother of a family, had been subject to periodical attacks of religious melancholy, lasting for six days, and then succeeded by furious mania, lasting about the same length of time, and which, upon passing off, gave place to an interval of eleven days, during which the health, intellectually and bodily, seemed complete. The sulphate of quinine was prescribed, and continued without interruption from March 3d until April 10th, gradually increasing the dose from 4 grains to 2 scruples. At the usual period for the accession of the melancholy only a slight dulness appeared, and for three years the affection has not returned.—*Annales Medico-Psychologiques.*

*Burns.*—In burns of the first degree, M. Stanislas Martin strongly recommends (*Bull de Therap.*, Oct. 1854) that the injured part should be covered with the white of egg. By painting over the burn with several layers of albumen, a varnish is formed, impermeable to the air, and possessing the advantages of collodion without its irritating properties.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 9.

## ON THE UNION OF FRACTURED BONE.

BY MAURICE H. COLLIS, M.B., F.R.C.S., SURGEON TO THE MEATH HOSPITAL, ETC.

THAT fractured bone is repaired on similar principles to solutions of continuity in soft parts, is a truth with which surgery has only become familiar of late years. The ingenious and complicated theory of provisional and permanent callus is now replaced by one as superior in its simplicity, as the modern appliances for fracture are to the cumbrous apparatus of former days. This improvement in scientific accuracy enables us to explain phenomena which are inconsistent with the older theories: such, for example, as the absence of callus and rapidity of cure, where perfect rest and apposition have been attained; as in the following case, for example:—

William Reynolds, aged 30, was admitted into the Meath Hospital April 3, 1854, suffering from fracture of both bones of the leg, the result of direct violence. The fibula was broken at the centre; the tibia was broken a little lower in two places, leaving the central fragment about three inches in length: both fractures being partly oblique, and partly transverse. The man was slightly under the influence of drink when I saw him, eight hours after the accident; he was inclined to be feverish and restless; and there was some probability of his deranging the fracture if put up in the box or side splints. I therefore applied the starched bandage and pasteboard splints after the manner adopted by Baron Seutin. The evaporation from the apparatus, joined to its equable compression, kept down local inflammation and effusion; and upon slitting it up next day, the fracture was found perfectly in apposition, and free from all symptoms of irritation. It is unnecessary to detail the subsequent history of the case from day to day; suffice it to say, that in four weeks the union was perfect, without the slightest irregularity in either of the bones to show where the seat of fracture had been. No provisional callus had been thrown out, yet the man was able to walk with the assistance of a stick at least ten days or a fortnight sooner than usual.

Facts like this must have come under the cognizance of most surgeons; but yet their application to the theory of the union of bone has been, until late years, imperfectly perceived. Such cases

tend to show that the absence of a provisional or ensheathing callus is not only no evil, but that it tends in a direct and absolute manner to shorten the period which is required for union. There is a plain connexion between the amount of callus and the length of time required for consolidation. When from any cause the callus is considerable, recovery is retarded, and there is subsequent debility in proportion. The presence of callus is farther injurious,—it is a direct cause of œdema in the limb, both by its mechanical obstruction to the vessels, and by its inducing a hyperemic condition in the neighborhood of the fracture: this hyperemia is prolonged until the vessels have removed the superfluous mass of bone. We consequently find that fractures which are hard to retain in position, such as Colles's or Pott's fractures, or fracture of the upper part of the humerus, are prone to be followed by long-continued œdema and weakness; and these are precisely the kinds of fracture that throw out callus in greatest abundance. It is evident, therefore, that the mode of union by provisional callus is not the typical and simplest form; and that where nature has recourse to it, it is not because it is the best possible, but because it is the best available, means of cure.

If we turn to the simple laws which regulate the union of divided soft parts, we shall find the clue to the explanation of the union of bone. When a solution takes place in the continuity of soft parts, repair is effected by the organization of a minute layer of plastic lymph which is poured out upon the divided surfaces. Should any substance intervene, so as to prevent perfect apposition, it must be removed before union can take place. The organized lymph surrounds it on all sides; if it is capable of absorption the blood-vessels of the organized lymph remove it; if not, some of the plastic exudation is checked in its development into cells, and is converted into pus, which floats it away.

The source of the plastic exudation deserves attention; the efforts of nature tend to close the mouths of the divided blood-vessels, and any exudation from them must partake largely of the nature of a foreign body; for though some parts of a coagulum may be organized, yet the greater part of it must be removed before that can be effected. The exudation is rather poured out by the walls of the capillaries, and is in proportion to the intensity of the reactionary inflammation: if it is excessive, it also impedes reunion, either by a reflex of pressure on the vessels which are its source, or by an imperfect organization. The latter condition gives rise to suppuration, the former to a structure of low vitality. I have remarked that, in proportion to the energy of all organizing movements, the plasma which is their seat is converted into nucleated cells, which become subsequently developed into fibres; and into the interstices of these fibres the neighboring capillaries are extended; while by delaying the process, in its early stages, a form of organization is produced, of lower vitality, because less capable of being permeated by blood-vessels; in it there are fewer areolæ, owing to an imperfect deve-



lopment of fibres, and the tendency of such as are formed is to a rectilinear arrangement. This tissue forms the chief substance in the cicatrices of burns, and in other dense and imperfectly organized new structures.

The special organization of any new growth, whether healthy or diseased, appears to have one or other of these forms as its basis or starting-point; and a second process, either modelling, or of interstitial deposit, is necessary to stamp such growth with its individual peculiarities. Thus, for example, in cicatricial tissue, which connects divided muscle, whether it be areolar or indistinctly fibrous in the first instance, proper muscular tissue will be found after a longer or shorter time; it may be laid down without regularity at first, but, in course of time, it will assume somewhat of a normal arrangement, and this result will arrive sooner in proportion to the organization of the basis; it will be quicker in the areolar basis, and may never arrive in the fibrous; and in the intermediate forms will be found according as the areolar arrangement predominates. In like manner the yellow elastic tissue is found in old cicatrices of skin; and in all structures the same law of repair appears to hold.

I think it probable that similar laws hold morbid growths, or at least that we shall ultimately be able to refer them to similar fundamental principles. The union of fractured bone, whether perfect or imperfect, can certainly be explained by them. To take the most perfect and rapid mode of union, such as should be the object of the surgeon to attain as far as possible in every case, we find the phenomena to be, generally speaking, as follows. The blood-vessels of the bone and periosteum are ruptured; no displacement of the fracture occurs, so that their mouths are at once closed up; local reaction sets in rapidly, and the result of it is an effusion of plasma between the fragments from the vessels of the bone and periosteum; such molecules of bone as have lost their vitality from the fracture are removed by absorption, and the broken ends become by this means more vascular and soft. This process, which causes the ends of the broken bone to become apparently rounded, is active in proportion to the vascularity of the bone; it is in fact this preponderance of vascularity on the surfaces of a long bone (internal and external), that causes the edges to round off. The plastic fluid, which lies between the broken ends, is rapidly organized into granular nucleated cells; many of these cells become elongated into fibres, and into the interstices of these the capillaries push on.

This organization of the interposed layer of lymph is effected in about ten days. According as the capillaries are formed, the cells and fibres in contact with their walls begin to be the seat of osseous deposit; the granules and fluid which they contain become saturated with the earthy constituents of bone, and, ultimately, their walls and nuclei also. This process of ossification commences with the full development of the capillaries, and is completed in about a month from the time of fracture in the dense long bones of the adult. The time required is directly as the thickness of the bone,

and inversely as the vascularity; the more vascular, the more rapidly the union is completed; the thicker the wall of bone, the longer time is required.

This is the primary process of union or cicatrization of bone under the most favorable circumstances. Even when perfect apposition is not obtained by reason of the interposition of small spicula of loose bone, or isolated fragments of muscle, or small coagula, the process is essentially the same; for substances like these are surrounded by the organized plasma, which unites the fracture round them, and, in course of time, removes them by absorption; so that they only partially interfere, and only for a time, with complete cicatrization. There is, however, a higher degree of organization, which consists in the subsequent modelling of the bony cicatrix by development of canals, cancelli, osseous corpuscles, &c., such as exist in the rest of the bone. This is slowly effected, and in a manner which does not interfere with the usefulness of the limb. I have not made any observations which throw light upon the mode in which this is done, nor am I aware of any that have been made by others.

In compound fractures the process of union is conducted on similar principles. The only difference which I have observed is, that there is a proneness to throw out exuberant granulations from the injured part. Like the flabby granulations of an ulcer, these consist largely of cells, with very few fibres intermixed; osseous granules are deposited in these cells and in the interstices of them; their deficiency in fibrous arrangement renders them less firm and efficient as a bond of union. If we are to judge by the analogy of the soft parts, and the mode of keeping flabby granulations in check, I suppose we must conclude that these cellular granulations have their origin from bone in the removal of pressure. We see a similar fungating condition of brain in hernia cerebri when the pressure of the bony case is removed; and we have also something analogous to it in another growth, which is chiefly cellular, namely, fungus hematodes, when the support of the integuments has been removed.

These granular cells, also, form the chief constituent of provisional callus, and probably for the same reason. It cannot be poured out unless where pressure is removed to a certain extent; or, in other words, where imperfect apposition of the fragments leaves a space for it. Even when from the violence of reactionary inflammation much plasma is poured out round the bone, and into its medullary cavity, we have every reason to believe that this is absorbed without undergoing any organization, whenever proper apposition and support is given from the first. In very many cases early attention to these particulars prevents this excessive reaction.

This has a practical bearing on the treatment, for the fact of provisional callus being allowed to form, or forming in spite of us, delays the cure. The layer of plasma which lies between the frag-



ments is not converted into bone until the provisional callus is ossified ; so that a patient is often allowed to use his limb when the real process of union has only commenced, and a slight injury at that period will suffice to re-fracture the bone, or, more properly speaking, to fracture the callus ; besides, this callus takes ten days or a fortnight longer to ossify than the thin layer between the fragments, when the latter exists alone. Hence patients feel less confidence in using their limbs. There is a plain feeling of impaired strength in the bone ; the extra time of confinement to bed weakens their muscular powers, and the œdema which is kept up both from mechanical and vital causes, in such a limb, is a further reason why union by the help of provisional callus should be avoided if possible.

One of the first cases in which I used the starched apparatus of Sentin illustrated many of these remarks. Probably from the want of practice in its application, or from dread of applying it too tightly, I failed to procure union without ensheathing callus. The boy was two months before he could bear to lean any weight upon the limb ; it was a good deal wasted, and in going about he fell and re-fractured the bone ; it was now put up with considerable care, when we found that the callus was soon absorbed, and union of a firm nature took place rapidly. In several other cases I used this apparatus and found the result exceedingly satisfactory. Fracture of the tibia, or of both bones of the leg, whether uncomplicated or comminuted, when put up immediately after the accident, knit firmly in less than four weeks ; the perfect repose in which they are thus kept enables the process of direct cicatrization or union by the first intention, as it may be called, to be rapidly effected. In oblique fractures of the tibia, whether with lateral or antero-posterior obliquity, it is peculiarly useful. I have also used it in Pott's fracture with good results ; even in this fracture I am able to allow the patients to get out of bed and go about with the foot in a sling upon the third or fourth day. It thus enables us to do what Mr. Amesbury proposed to effect with his portable splint, and with almost a certainty of success, and little trouble.

The ligamentous substance which forms the bond of union in cases of what are called false joint presents us with an example of arrested organization ; and the various forms in which it is found, as well as the various means of cure, can all be explained by a reference to the laws of union in soft parts. The organization of the plasma may be delayed *in limine* ; the fluid may then simply coagulate into what is called nucleated blastema,—a tissue, as I have before mentioned, with little or no cellular or fibrous arrangement, and comparatively devoid of vascularity. When a little more rapidly organized it becomes simply fibrous, the fibres running parallel. In short, every gradation is observed between the dimly granular basis of simply coagulated blastema and the perfect cellulo-fibrous or nucleated fibrous reticulated tissue. Ligamentous union of bone may exist in either of these conditions, or in any

intermediate stage ; and the success of any mode of cure will depend on its being adapted to the degree of organization. Where any amount of vascularity exists, successful union will be effected by removing the interruption to the further action of the vessels. It will suffice to place the limb perfectly at rest, and the blood-vessels will deposit osseous matter in the blastema which has been organized ; even if the nucleated blastema forms the chief basis of the membrane, it becomes infiltrated, though slowly, with earthy matter, and a certain amount of local stimulation to the vessels will aid the process. If the connecting medium be very dense, and almost devoid of vessels or of organization, it will not be possible to convert it into bone, and the means of cure in that case will be such as will excite a fresh inflammatory action in the part. In such a case the dense cicatricial tissue is removed by the action of the excited vessels, just as it is in very dense strictures of the urethra, when we excite a new inflammatory action in the neighborhood, either by caustics or by incision ; the process is, in fact, ulcerative absorption. It is to such cases of false joint that the seton is applicable, and its occasional failure will probably be found to depend on its doing too much in cases where it is not applicable. The use of ivory pegs, resection, and other plans of treatment of similar violence, are applicable to such cases. Fortunately, they are comparatively rare, and the simple adherence to perfect quiet is sufficient, in the great majority of cases, both to prevent the recurrence of this *contretemps*, and, if it does occur, to remedy it. I have found, as most surgeons probably have, that the simple starched bandage, strengthened, perhaps, with a little brown paper, will cure the greater number of ununited fractures. I have seen a dense ligamentous union of an oblique fracture of the tibia converted into bone, in six weeks, by this means alone.

The mode in which I apply the starched apparatus is nearly the same as that laid down by Baron Sentin. I have found it useful, however, to wet the bandages before rolling them ; they lie more evenly, and with less strain at the edges, points of much importance where the slightest irregularity leads to œdema or vesication and pain.

Having protected all bony prominences with cotton-wool or soft tow, the wet roller is applied with perfect evenness to the limb, from its extremity to beyond the joint above the seat of fracture. The outer surface of this bandage is now smeared with starch ; narrow splints of porous pasteboard, softened in boiling water, and smeared with starch, are applied at each side ; and, if necessary, behind and in front of the limb, extending upwards as far as the bandage. The edges of these splints are kept at least an inch apart from each other ; another roller is applied outside the splints, and its outside well starched ; if necessary, temporary wooden splints, or sand-bags, are used to keep the limb in position until the case is dry. As soon as this takes place (in twenty-four or forty-eight hours), it is slit up with scissors or knife, upon a director, between



two of the pasteboard splints. This admits of the limb being daily inspected, if needful, when it can be re-arranged by rolling a plain bandage outside, or by tapes attached to the case. If the case be too tight or too loose, it can be padded or pared accordingly. The evaporation which occurs during drying seems to keep down inflammation, as also does the even compression of the limb, and spasm is impossible. This easing is best applied as soon as possible after the injury. There is no question that perfect and immediate apposition of the fragments, with even support, prevents inflammation and excessive subcutaneous effusion; and if we wrap the limb well in cotton, and apply the bandages quite evenly, there is no danger of strangulating it. By leaving the nails uncovered, and pressing on them occasionally, we have a ready and unfailing evidence of the state of the circulation in the extremity. I have, however, never had occasion to relax the bandages before the case was dry, although I have repeatedly put up fractures in this way in a couple of hours after the accident occurred. Still, if the circulation appears impeded, or if the patient complains of pain, it will be safer to relax the apparatus than to run any risk of sloughing or gangrene.

Of the applicability of this mode of treatment in compound fracture I have had too limited an experience to speak with certainty; there is, however, no difficulty or danger in applying it when the fracture is such as will probably become simple by the union of the wound in the soft parts; and in such a case it will aid in bringing about this result.

In fracture of the patella it is very useful, and it is only necessary to strengthen the *lateral* splints by a second layer of pasteboard. It is evident, of course, that the lateral splints prevent motion in the antero-posterior direction, and the anterior and posterior splints prevent lateral displacement. Inattention to this simple mechanical fact may lead to disappointment.

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#### MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO. V.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

##### *Erysipelas.*

THE following cases of erysipelas, which, together with puerperal disease, existed in different parts of the South Boston establishment, can only be attributed to the entire absence of ventilation, and great want of cleanliness. Erysipelas and puerperal disease were not at the time epidemic in this neighborhood. The results of treatment in the several cases may possibly illustrate the comparative value of local and constitutional treatment in this disease, under peculiar circumstances.

I.—W. C., adult, male, admitted Nov. 15th, 1849, with erysipelas of face and head. Symptoms typhoidal. A ring was made

around neck with nitrate of silver. Sulphate of quinia, gr. j., every three hours. Wine,  $\frac{3}{4}$  ss., 4 times daily. The disease extended over the thorax, notwithstanding the nitrate. Discharged, well, Dec. 19th, 1849.

II.—B. M., female, adult, inmate of house, pregnant, admitted to Hospital Nov. 23d, with sore throat. On the 4th day, erysipelas of face came on. It began in the meatus of both ears. Treated with sulphate of quinine in grain doses, every three hours, and broth. Afterwards got wine. Mercurial ointment about neck. There was no sloughing. Disease confined to head and face. Discharged, well, Dec. 26th.

III. Mrs. M., inmate, admitted to Hospital Dec. 2d, with erysipelas of both breasts and face. Lines of mercurial ointment were drawn about eruption, and it was confined to the original limits. Got one grain of sulphate of quinia every three hours, and broth. Discharged, well, Dec. 26th.

IV. Mrs. McD., admitted to Hospital Dec. 4th, with severe pain in head and stomach, for which she had an emetico-cathartic and a blister to nape of neck. Erysipelas of the neck developed itself on the drying of the blister, on the 10th of Dec. No delirium. The disease did not reach above the edge of the lower jaw, in front, nor above the edge of the hair behind. A line of the tincture of iodine was drawn around the superior edge, and another below the eruption. The disease passed over the whole trunk, notwithstanding the iodine. Got a grain of sulphate of quinia every three hours. Discharged, well, Dec. 29th.

V.—C. K., female, 3 weeks old, born in the house. Mother died of puerperal peritonitis, ten days before. Dec. 23d, disease began and covered the whole surface. On the 24th the head and extremities had vesicated. Treated by sulphate of quinia and sulphate of iron, each  $\frac{1}{4}$  of a grain every two hours; and beef tea. Died on the 25th.

VI.—Jas. H., male nurse, in smallpox house, 60 years old. Attacked with erysipelas of face, during his service, Dec. 20th, 1849. It did not extend above lower eyelids, nor below the chin. Washed frequently with cold water. Got sulphate of quinia, gr. j., every three hours. Dec. 26th, face skinning. Discharged.

VII.—Catherine McK., adult, domestic; came from Charter street. Entered Hospital to be treated for acute sciatica of left side, Dec. 7th, 1849. Treated with blister and cathartics. Erysipelas of left hip came on Dec. 18th, and extended from trochanter to knee. For three days got sulphate of quinia every three hours, and beef tea. Well, Dec. 25th.

VIII.—Hannah K., from South May St., entered with typhoid fever, from which she was convalescing, Nov. 25th, 1849. Afterwards under treatment in the Hospital for hysteria. While there, was attacked with erysipelas of nose and ears, Dec. 29th, 1849. Got two grains of sulphate of quinia every two hours; two drachms of wine every four hours; beef tea and broth.



31st.—Pulse 128, eruption on cheeks, nose and breasts. Delirious and very feeble. Quinia to be continued, and wine whey.

Jan. 1st, 1850.—Skin cold, pulse 80. Eruption on same parts, but fading. Tongue dry and cracked. Continue treatment, and five grains of carbonate of ammonia every hour, p. r. n.

2d.—Skin every where cool. Eruption almost gone. Skin desquamating. Teeth covered with sordes. Tongue dry and cracked. Speaks with difficulty. Pulse 72, distinct but feeble. Has taken medicines as directed to this time, and the wine whey and beef tea freely. Quinia as before. Ammonia every three hours in four grain doses.

3d.—Skin warmer. Pulse 72 and more full. Continue treatment.

4th.—Forehead covered with a dusky red eruption, extending into the hair. Pulse 72 and small. Teeth covered with sordes. Increase quinia to two grains every hour.

5th.—Eruption same, but more livid. Refuses medicine. Muttering delirium, at times.

6th.—Everything was omitted but the whey.

7th.—Pulse 72. Skin cold.

8th.—Eruption on face and head the same. Pulse 64. Skin warmer.

10th.—Eruption fading. Skin desquamating. Delirious. Pulse 64. Asks for food. May have broth *ad lib.* No medicine.

11th.—Same condition.

12th.—Died last night.

## Hospital Reports.

### MASSACHUSETTS GENERAL HOSPITAL.

*Cases of Fracture of the Pelvis, under the care of Dr. H. G. CLARK.*  
(Continued from No. 6, page 119.)

CASE IV. *Fracture of the Pubis and Ischium in three places—Puncture of the Bladder, by the Perineum—Death.*—John Webber, seaman, æt. 29, an unusually strong and muscular man, entered the Hospital May 7, 1852, at 7, A.M. He gives the following account of himself. He is master of a coaster, and while at work in the hold, the day previous to his entrance, at 3, P.M., discharging a cargo of heavy timber, his pelvis was pinched edge-wise between two of the sticks, weighing from six to ten tons. He had, at the time, a sensation of "something bursting within." He was seen in the evening by a medical man. A catheter was passed, and a few drops of blood only escaped from the urethra.

Patient is now lying helpless on his back. No crepitus can be felt about the pelvis; there is perfect motion in both hips; but when the right lower extremity is drawn up, he complains of severe pain in the perineum and right ischiatic region. He has very little voluntary power over this limb. He can be turned upon the left side, but complains of pain in the above-mentioned localities, which amounts to perfect agony when an attempt is made to turn him upon his right side. The base of scrotum, the perine-

um, and right buttock, are much swollen, ecchymosed, and extremely tender on pressure. On introducing the catheter, about 3ij. of blood and coagula escaped. He says that his bladder was nearly empty at the time of the accident. Abdomen tumid; dull on percussion, above the pelvis, midway to the umbilicus, resonant elsewhere. Some tenderness on pressure; and paroxysmal pain resembling colic in the lower part of the abdomen. The patient has considerable febrile excitement. Countenance flushed; tongue covered with a white coat, dry at centre; great thirst; pulse 96, full and strong; symptoms sthenic; no prostration. Liquid diet. Poppy leaf fomentations over hypogastrium.

4, P.M. Fever increased. No diminution of pain and tenderness. He desired to micturate, and thinks a small amount of urine escaped into the perineum. A catheter was passed, with the same results as previously. He complained of much tension in bladder. Pulse 116, hard. Venesection, 3xx. *R. elix. opii, gtt. xl. pro re nata.*

May 8th. Webber rested at intervals through the night. He had occasionally a sensation as if urine escaped from the bladder, followed by "scalding" pain. At this visit, there was found a rounded and well-defined tumor above the pubis, reaching nearly to the umbilicus. The swelling of the perineum and scrotum had increased, the integuments being of a dark livid color. The patient has more control over his extremities than yesterday. The right thigh was flattened from before backward. Countenance more tranquil; skin warm and perspiring; complains of flatulency; pulse 120, soft and regular. A catheter was passed, and a small amount of blood of an urinous odor escaped; the instrument immediately became clogged with coagula, probably from rupture of the urethra, as unless care is used, the beak of the catheter escapes to the right side of the urethra.

The patient was placed in the position for lithotomy, and sulphuric ether was administered. A grooved staff was passed into the bladder, and retained by an assistant. An incision was made into the raphe of the perineum, about  $3\frac{1}{2}$  inches in length, through the various tissues infiltrated with blood and urine, to the membranous portion of the urethra, which was divided on the staff. The dissection was continued upwards as far as the prostate gland, and immediately a large amount of coagula and confined urine escaped. The incision was further extended downwards and outwards between the right ischium, and the rectum, and the soft parts in the neighborhood were found to be extensively infiltrated with urine. There was found to be a transverse fracture of the ramus of the ischium near the tuberosity. Considerable hemorrhage occurred during the operation, in part made up of blood previously effused from the lacerated vessels. Two arteries required ligature. A catheter was passed into the bladder through the wound, and retained by a bandage. The wound was stuffed with a sponge. Brandy and tr. opii, p. r. n.

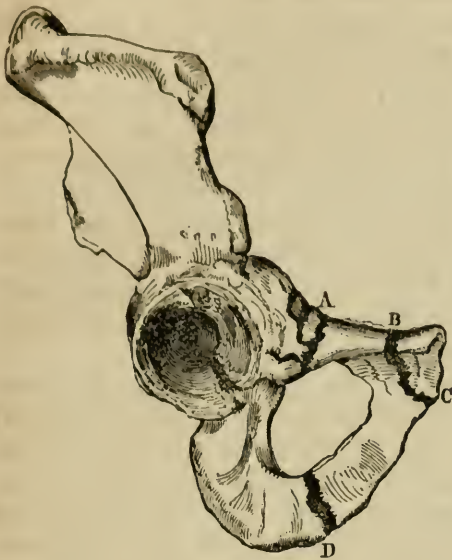
8, P.M. Good re-action. Expresses himself much relieved by the operation. Pulse 120, good. The bed was drenched by serum and urine from the wound. About four ounces of urine, stained with blood, flowed from the instrument.

May 9th. Rested tolerably through the night. Less tenderness of abdomen. Lips tremulous. Skin hot and moist. Bowels constipated. Great thirst. Pulse 124, redoubling. Urine passes freely from wound. Sponge removed, and lint wet with cold water substituted.

The patient rallied for a few days, but the wound became gangrenous, and after lingering in a typhoid condition, he died in a state of extreme exhaustion, June 1st.



At the autopsy, the pelvis was found to be extensively fractured, as will be seen from the following figure, engraved from a drawing made by Mr. J. M. Sargent.



A. Fracture in front of glenoid cavity, through ilio-pectineal eminence, into foramen ovale.

B. Fracture through pelvis, just without symphysis.

C. Fracture through ramus of ischium, anterior to tuberosity.

D. Fracture through ramus of ischium, anterior to tuberosity.

At A, the bone was extensively comminuted. The soft parts in neighborhood of fracture were gangrenous. Bladder not ruptured.

CASE V.—*Injury of Pelvis—Recovery.*—Silas Goss, æt. 29, brakeman, entered the hospital May 2d, 1854. He was a stout healthy man. While engaged in shackling two cars together in Haverhill, at the Maine Railroad station, he was caught by the “bunters” and jammed between them; one striking him on the left buttock, and the other on the right os pubis, near the angle. He was brought to Boston in the freight train, in a sitting posture all the way.

On examining him after admission, the right foot was everted; but the leg could be moved freely in all directions, not however without causing him pain. No crepitus or displacement of any kind could be detected. On pressing the ilia together, he complained of great pain near the angle of the pubis, on the left side; and was firmly impressed with the belief that his “crupper bone” was fractured, but no crepitus could be detected in that situation. He was in great distress while endeavoring to pass his water, which he could not do till he was placed in the warm bath, when he voided about a pint of clear urine. By holding on to the wall with his hand, he could stand on one leg while the urine was drawn off in the evening by the catheter.

May 3d. Examined by Drs. Clark and Parkman. No crepitus to be detected.

Double inclined plane for right leg. Bath of laudanum and water across pelvis. Bladder to be relieved by catheter twice daily. At bed-time elix. opii, ʒss. Liquid diet.

May 8th. Continues to pass his urine by the catheter, morning, noon, evening, and midnight. On depressing the beak of the catheter, so as to reach the bottom of the bladder, as he lay, a little muco-purulent fluid with some blood was passed. He complained of no pain, except in the urethra, during the passage of the instrument.

May 12th. He passed urine three times during the night, without the catheter. From this time he continued to improve, and was discharged well, May 24th.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

MAY 14th.—*Rapidly fatal Case of Acute Rheumatism, with very slight Pericarditis and little or no abnormal Effusion.*—Reported by Dr. HODGES.

Thursday, May 3d, 1855, saw J. C., æt. 17. For several days previous, he had worked in a damp cellar. He was kept awake the night preceding the visit by an acute pain in his feet, which, still continuing with severity, was found to arise from an acute rheumatic affection of nearly all the joints of both feet, especially of the toes. He was complaining greatly, and had a full pulse of about 90. No rational or physical signs about the cardiac region. Urine in sufficient quantity, very dark colored, coagulable, and containing blood globules. Prescribed one grain of opium once in four hours. Warm water fomentations to his feet—very light diet.

Friday, 4th, 10 o'clock, A. M.—Had taken four pills and passed a comfortable night; was sitting up, and said he felt better. The pain in his feet was less, but he now complained of his knees. Pulse as before. No physical signs about the heart. Urine the same. Continue the pills p. r. n., and take of wine of colchicum seeds, gtts. xx. every four hours. He sat up the greater part of the day, in the course of which he took one more opium pill; went to bed at evening and slept till 2 o'clock, A. M., of the 5th, when he began to complain of great oppression about his chest, which was treated lightly, at first, by his friends, but as it continued to increase in severity, a physician near the house was sent for about 4 o'clock in the morning, who pronounced him beyond the reach of medical assistance, and an hour afterwards the patient was dead—about sixty hours after the appearance of the first symptoms.

At the autopsy, 10 hours after death, the organs were found healthy, with the exception of the kidneys and pericardium; the former were exceedingly encysted, but bore no other marks of disease. The pericardium contained, at the utmost, 3 ij. of fluid, flocculent from small shreds of lymph, but the effusion produced no degree of distension. The surface of the pericardium was coated in a few spots with recent deposits of lymph. There were no adhesions, recent or old, and no valvular or endo-cardial alteration. There was passive congestion of both lungs, posteriorly, to a slight extent. The brain was not examined.

The patient had never had rheumatism before. He retained his consciousness and intelligence to the last. There were no signs of narcotism or coma, nor was there any diarrhæa.

MAY 14th.—*Phthisical Signs at the base of the Lungs.*—Dr. ABBOT reported the following case of phthisis commencing at the base of the lungs.

April 24th, 1855.—Mrs. S——, aged 33; cough of a year's standing; copious expectoration of thick, yellow, sometimes bloody sputa. Never has had any true hæmoptysis; no night sweats; occasional heats and chills. Catamenia absent for a year past. Was nursing an infant up to November last, when she weaned it, thinking herself *enceinte*. No signs of pregnancy at the present time. Appetite good; bowels regular; has lost much flesh and strength; much troubled by palpitation.

Examination of the chest.—Percussion of right front chest in the upper half, sufficiently resonant; below, quite flat. Left front chest resonant throughout, but less so than upper right front. Respiration in upper half of right lung in front, normal; below, obscured by loud, gurgling rales; in left front,



clear throughout, without rales, except at the summit, where there is rude and prolonged expiration.

Percussion of back gives signs corresponding with those in front; auscultation the same; loud, gurgling rales and pectoriloquy being heard from right scapula downward, with exalted respiration in left back, without rales.

Copious night sweats had occurred at the time of the last record, May 14th.

MAY 28th.—*Abscess of the Brain—Death—Autopsy.*—Dr. ELLIS related the case. The specimens were taken from a single woman, 25 years of age, a native of Maine, who had been employed for some time in a book-bindingery. At the time of her entrance into the Hospital, on April 20th, she answered questions with reluctance and some difficulty, but stated that she had suffered from pain in the head for a number of weeks, and, that a week before, the left side became paralyzed, without loss of sensation. The pain in the head continued one of the most prominent symptoms, until her death, being sometimes referred to the frontal, sometimes to the occipital or temporal regions, and once, towards the close, to the neck. The dilated pupils contracted slowly on exposure to the light; strabismus was several times noticed, and, on one occasion, the sight of the right eye was reported as less perfect than that of the left, the hearing on that side, at the time, being also impaired, though generally intact. Although she continued to answer questions slowly, nothing appears in the record to show that the mind was essentially affected. There was no tendency to somnolence, and she was often restless at night. The face was several times mentioned as flushed, but general febrile symptoms were absent, the skin being moist, and the pulse often falling below (58—60), but never rising above the natural standard. The appetite was good, but the bowels were quite costive. On April 30th, it was reported that quite a free discharge, supposed to be catamenial, made its appearance every four days, and subsequently an offensive discharge from the vagina was mentioned.

On May 10th, though able to move the left hand, the arm was almost powerless, and ten days later a loss of strength was noticed in the right limbs. This last extension of the paralysis had been preceded for two days by nausea and vomiting, and the patient was evidently failing, but the change was not such as to lead one to expect an immediately fatal result. At 2, A. M., however, on May 23d, she died, having risen from her bed an hour previously.

*Autopsy*, 32 hours after death. Of medium size. Parietal eminences unusually prominent. Cadaveric rigidity well marked. Considerable bluish discoloration of dependent parts.

*Brain.*—On the removal of the calvaria, there was noticed a remarkable projection of those portions of the brain immediately below the parietal eminences. Marked vascularity of the dura mater, over the convexity of the organ, where the convolutions were much flattened, and the sub-arachnoid fluid was wanting. At the vertex, in the immediate neighborhood of the longitudinal fissure, on both sides; beneath the arachnoid, were collections of pus, sufficient to obscure the pia mater. These marked the seat, in the substance below, of firm nodules, of about the consistence of the pons varolii, two in each hemisphere, from half an inch to an inch in diameter. A fifth was also found in the anterior part of the middle lobe, on the right side, the surface being, at this point, adherent to the dura mater. On incision, these were found continuous with, and evidently parts of, the cerebral substance. The external portions were of a greyish color and somewhat vascular, while the more central parts were decidedly yellow,

though still firm in the smallest nodule; but in the others more or less softening had taken place, and in the largest, in the right hemisphere, was a well-marked abscess, measuring an inch in its longest diameter, the very thin superior wall of which was ruptured, on the removal of the dura mater, allowing the escape of a little pus. The substance of the brain, generally, was softer than usual, but those portions between, and extending several inches beyond the diseased foci (farther anteriorly than posteriorly), had a peculiar, moist, shining, gelatinous appearance, were of a white color and very soft, although of sufficient consistence to retain their form, if carefully handled. The anterior part of the right middle lobe, for some distance from the nodule mentioned therein, was, however, in a diffuent state, so that it was washed away by a gentle stream of water. The corpora striata and optic thalami were no softer than those portions of the brain farthest removed from the disease. The lateral ventricles contained a little more fluid than usual.

The thoracic and lumbar portions of the spinal cord were examined and found healthy.

The left lung was slightly adherent at the apex, where were two old caseous masses, from two to four lines in diameter; also a small cavity, a quarter of an inch in diameter, containing pus, and lined with a smooth bluish membrane. The tissue immediately adjacent was condensed and fibrous. Organs in other respects not remarkable.

Heart normal, with the exception of several perforations near the free edges of the valves of the aorta and pulmonary artery. Liver fawn-colored, with light-red, congested points. Under the microscope, numerous fat globules were seen, both free and filling the cells.

The capsules of the kidneys were removed with greater ease than usual, and the organs were much congested.

The mucous membrane of the stomach was rugous and mammillated, and had, generally, a more reddish tinge than usual, mostly on its posterior surface, from the cardiac orifice to the pylorus. Near the former were numerous minute ecchymoses arranged in an arborescent form.

The peritoneal surface of the uterus and Fallopian tubes was of a dark-blue color, and adherent to the posterior wall of the pelvis by means of a few delicate bands. The pelvic veins contained an unusual amount of blood. Mucous membrane of the vagina of a dark-blue or grey color.

The nodules in the substance of the brain were evidently not of a tuberculous nature, but the result of inflammatory action, and as such, were interesting, showing, as they did, several stages in the formation of an abscess.

MAY 28th.—*Abstract of a Case of severe supra-orbital Pain, accompanied with Vomiting of Oil, &c.*—From the report read to the Society. By Dr. PARKS.

March 12th, 1855.—Mr. B——, æt. 51, from Vermont; successively a farmer, teamster, and keeper of a livery stable. His complexion, formerly very clear, has of late been exceedingly sallow. The adipose tissue is scanty, but his muscles are highly developed. His family are not tuberculous or cancerous, *except in the case of an aunt who had cancer*. He has always been perfectly temperate. General health good till within about eight years. Within that period he has had attacks of headache, preceded always, for a day or two, by stator of the breath, nausea, and voiding of oily matter by the mouth. These attacks occurred at first as often as once in one or two months, afterwards increasing in frequency till within a short



time past. When Dr. P. first took charge of him, two and a half years ago, he was having these attacks about once in three or four weeks.

The oily matter is *vomited*, but with extreme ease. To use a homely term, it is *gulped up*. It is most apt to be ejected after eating, but sometimes appears as often as once in half an hour, through the day. It often appears, to the naked eye, to be perfectly free from intermixture with the other ingesta—if indeed it belong to them at all—though sometimes there is a little food with it. Generally, though not invariably, it leaves a sensation of burning in the throat. It has an unpleasant but indescribable taste. It burns with flame, like oil, on being ejected into the fire; and also stains wood in the same way as does oil. A specimen of this peculiar fluid placed under the microscope showed a transparent liquid, containing an abundance of oil globules, and some other objects which were considered by Dr. Shaw to be vegetable matter. Dr. S. also confirmed the presence of oil.

The headache is always confined to a space of the size of a dollar, over the right eye, the lower border of the affected region nearly coinciding with the eyebrow. In this region, the skin is tender on pressure. When the forehead is thus affected, the veins are seen to be turgid at the seat of pain. He has *no pain elsewhere*, except what he calls rheumatism in the hips and ankles on taking cold.

The patient states that his urine is usually rather high colored, but more so during his attacks of pain, when it is also increased in quantity. It is not thick at these or at other times; nor is it difficult of evacuation. I have submitted to examination three separate specimens of the urine passed at different times, and none of them were coagulated by heat or nitric acid. One of these specimens was voided soon after an attack of pain. It had a specific gravity of 1025. Its reaction was acid. Heat and nitric acid rendered the specimen under examination clearer; at first it was of a deep red color, and somewhat cloudy. Under the microscope, circular bodies were seen, transmitting light like oil, and were believed by Dr. Bacon to be oil, but in quantity insufficient to warrant any inferences.

The alvine discharges are occasionally light colored, especially during the attacks, but not in a marked degree.

The appetite is somewhat affected during the continuation of the symptoms. The tongue is rarely coated.

The symptoms subside and finally disappear in about twenty-four hours after reaching their acme, which it takes the *pain* about the same length of time to attain. The patient does not, in his worst state, confine himself to the house, but attends daily to his business.

The abdomen, usually quite prominent, becomes flat during the visitations of oil-vomiting. For a short distance to the left of the linea alba, and over a small space below the transverse colon, percussion is decidedly dull, and there is tenderness on pressure, and hardness. These physical signs have gradually become more marked during the last two and a half years, and have been verified by Dr. H. O. Stone, in consultation. No defined tumor can be made out, nor can the continuity of the hardened tissue with the liver or any other organ be demonstrated.

The patient has tried brandy with his meals, cathartics, emetics, bismuth, nitrate of silver, iodide of potassium, Fowler's solution, creosote with gin, albumen of eggs, with abstinence from oleaginous ingesta, and counter-irritation at the epigastrium. From none of these has he derived more than partial and temporary benefit. The symptoms have latterly, however (Sept. 1), been considerably ameliorated, though by no means removed, by a combination of sulphuric acid with tr. cinchon. comp. and syrup of ginger.

The case is deemed interesting from the singular combination of symptoms, and the obscurity of its pathology. The voiding of oil, though not mentioned usually in the books, is not adverted to here as a unique fact, several cases having come to the knowledge of the reporter.

MAY 28th.—*Suspected Syphilitic Disease of the Throat—Death—Post-mortem Appearances.*—The case was reported by Dr. C. D. HOMANS, who also exhibited the accompanying morbid specimen, which was thought worthy of being laid before the Society, inasmuch as it was the result of a form of disease, of which the profession possesses only a very small number of recorded cases.

To the patient in whom it occurred, it was a local accident, manifesting itself in the course of another affection, and only important from the additional suffering thus created. It is not, therefore, proposed to present, with any minuteness of detail, the general history of the patient.

Mrs. O——, æt. 18, native of Maine; an only child. Her father died in middle life, of acute disease; her mother is living, in average health; she herself is always weak, pale, feeble; there are no enlarged glands, or traces of scrofulous abscesses; she has been subject, for three years past, to lichen, most marked on the back, fore-arms, and insides of the thighs.

In November, 1853, she was married, and was at that time stronger and looking better than for some time previously. Ten days after marriage, symptoms of acute gonorrhœa occurred; though desirous to establish the fact of syphilitic infection, she described nothing, either at this or at any subsequent period, indicating the existence of the primary symptoms; nor could any traces of chancres or buboes be discovered. Her health became much impaired. In February, 1854, she separated from her husband; remained so for six weeks; lived in the country; was treated, chiefly, by copiba; regained flesh and strength; the discharge from the vagina was never wholly checked; in the autumn of 1854, it became much more abundant.

Toward the close of December, 1854, she began to suffer from irritable stomach, and attacks of vomiting, more or less urgent, continuing for a week or ten days, and followed by a longer interval of comparative rest. One month later, in February of the present year, constant diarrhœa, without much pain, supervened. The vomiting continued to recur, and the diarrhœa persisted, with intervals of occasional slight abatement, till death, which took place on the 26th of May. The matters vomited, during the last three weeks of life, were fluid, of light green color, with very little offensive smell. The discharges from the bowels resembled, in gross appearance, the ordinary contents of the gall-bladder, largely diluted, and holding in suspension much shreddy mucus. The emaciation, pallor and feebleness, were very marked.

*Lesions*, as follows:—On the dorsum of the *tongue*, one or two large aphthous patches; in the *pharynx*, a gangrenous ulcer, to be more fully described hereafter; at the cardiac orifice of the *stomach*, was an ulcer, half an inch in diameter, with ragged edges, and emitting the odor of unhealthy pus; *small intestine* in a state of active ulceration, from the ilio-cæcal valve upward, for fourteen or fifteen inches; six or seven inches below cæcal valve, the *large intestine* presented one doubtful ulceration, of half an inch in diameter. *Pancreas* much and uniformly indurated; not otherwise evidently diseased. *Liver* and *spleen* normal.

At apex of left *lung* was a cretaceous mass, of the size of a large pea. Both lungs otherwise healthy, though *post-mortem* congestion was quite marked in the dependent portions of the lower left lobe.



*Uterus* of normal size; walls very firm, as dense as an average fibrous tumor; its body strongly flexed on its neck, anteriorly, and bound down by firm adhesions; the canal of the cervix much narrowed near the internal mouth, and its walls quite thin at the point of flexure. (Patient never presented symptoms of pregnancy.)

In the last days of April, a month before her death, the patient began to complain much of her throat; slight redness of the fauces was noticed for two or three days, but on the second of May this had disappeared; there was no tenderness of the larynx; voice unaltered till within three days of her death; then somewhat hoarse.

The throat was, however, her greatest source of suffering, for the last three weeks of life. Deglutition was painful to her, even that of liquids. Before speaking, she constantly carried the hand to the upper part of the throat, and the effort was always a painful one. Much fœtid, purulent matter was raised on slight effort, from time to time. This was especially remarked during the ten days preceding death; while the chief complaint of positive suffering, was during the fortnight earlier than this. For thirty-eight hours before death, she had cough (from which she had been, till that time, wholly free), and the breathing was labored.

In consequence of her great exhaustion, a very thorough examination of the throat was hardly possible. Nothing could be seen by the ordinary depression of the tongue. No other treatment was directed to the throat than an astringent gargle, administered by the nurse, and, as the patient thought, with relief.

At the level of the fifth cervical vertebra, a black, gangrenous-looking, very offensive patch was observed upon the pharynx, about half an inch in diameter, and extending nearly two-thirds around the canal, communicating with its interior by an opening of about a quarter of an inch in diameter, situated near the posterior median line, in front of the vertebra mentioned. The vertebra itself and the larynx were in a healthy condition.

The question of the presence of constitutional syphilis in the case just described, and of the value of the affection of the throat, as bearing upon that question, cannot fail to prove now, as well as in the lifetime of the patient, somewhat embarrassing.

No traces existed of bubo or chancre; the cutaneous eruption was of, at least, questionable specific character, while the cachexia, though very marked, seems susceptible of explanation without admitting venereal disease.

Perhaps it may not be deemed out of place, to remind the Society of the excellent monograph, published four years ago in one of the leading American Journals, entitled "Cases of Retro-pharyngeal Abscess, by Charles M. Allin, M.D., of New York."

MAY 28th.—*Peritonitis in a Child—Sudden Death—Inflammation of the Uterus.*—Dr. C. E. WARE reported a case of peritonitis in a child one year old. It was a female, and weaned. He was called to it at five o'clock in the morning. It had travelled all the previous day in the cars, and was perfectly well when it went to bed. It was taken about midnight with an apparent difficulty of breathing, and appeared to suffer slight pain. It became very restless, tossing itself about, but not crying. Soon after the attack it had two quite free evacuations from the bowels, in which there was undigested orange peel, which the child had eaten the afternoon before. It had also eaten raw apples.

When Dr. Ware saw it, it was upon the bed, rolling and tossing about.

It was bright, and although very restless, not fractious. It did not appear to be in pain. The skin was cool and dry; the pulse feeble and quick. There was no apparent tenderness upon pressure in any part of the abdomen, nor very great fulness. The urine was scanty. The respiration was somewhat labored and hurried. There was no nausea. Although 3 grs. of the sub-sulphate of mercury and 10 grs. of ipecac were given in divided doses, no action of the stomach was produced. A table-spoonful and a half of castor oil had no effect whatsoever. The child drank freely, and retained everything. She continued in this state until evening, without presenting any other symptoms to give a clue to the nature of the difficulty, when she began to sink, and at 12 o'clock died, 24 hours from the commencement of the attack. At the autopsy there was found acute peritonitis about the uterus and its appendages. The peritoneal surface of the uterus and the ovaries was most intensely red. There was an effusion of turbid serum, and flocculent lymph. The inflammation was entirely local, and confined to the pelvis. No signs of disease were found in any other organs.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 27, 1855.

### QUARANTINE.

By an official notice, signed by the Port Physician and City Physician of Boston, all vessels which may arrive here previous to the 20th of October, from ports where the yellow fever is now prevailing, are required to go into quarantine for the purpose of examination by the Port Physician, before they can come up to the City, or discharge their cargoes. The passengers and crews will not be restrained in their personal movements. This is a wise precaution, since, though there is no danger of yellow fever becoming epidemic in Boston, it might prevail to a limited extent, were the disease introduced into certain districts.

### WHY IS NORFOLK SICKLY?

UNDER the above head, we notice, in a late number of the *New York Daily Tribune*, an article descriptive of the locality of this ill-fated city, which justifies the words with which the article commences,—“A more reasonable question to ask would be, why is it ever healthy?” The following extracts give an idea of the situation of Norfolk and Portsmouth. “The two towns are situated on an arm of the sea projecting far inland from Chesapeake Bay. \*\*\*\*\* All the adjacent lands have so recently emerged from the sea, that the mud and malaria-generating matter have not yet undergone the change necessary to make it healthy for the abode of men.\*\*\*\*\* The Dismal Swamp, one of the largest, deepest and most impenetrable in the United States, almost touches the suburbs of Portsmouth, lying on the south side of one of the little arms of the bay; while Norfolk is situated opposite, on the north, surrounded on three sides with stagnant water; immediately in contact with the houses and all around, for twenty miles or more, the land is almost flat and but slightly elevated above the sea level.”

This description is confirmed by a resident for the past two years in Norfolk, who informs us that the city is destitute of sewerage, and that its streets are extremely filthy, being often strewn with refuse vegetables and



other garbage, which result from the immense quantity of provisions brought into the city for export. These matters become rotten, and emit a most noisome stench. The turkey-buzzard, the natural scavenger of the South, is not found in Norfolk, but his place is supplied by cows, who wander at will through the town, and gather an unhealthy subsistence from the cabbage stalks and other substances which lie in heaps on the ground. The condition of Portsmouth is much worse than that of Norfolk. It is connected with Gosport by a causeway, nearly a mile in length, if we are not mistaken, across a swamp or flats, from which arises a powerful stench.

These facts are sufficient to account for the extraordinary spread of the yellow fever, after its first introduction, and we trust they will be so far appreciated by the local authorities as to lead to the institution of sanitary improvements as soon as the subsidence of the epidemic shall allow the necessary measures to be taken. It may not be possible to prevent the disease from re-appearing, but cleanliness and drainage will go far towards restraining the scourge within comparatively moderate limits. In the mean time, let us hope that the lesson may not be lost upon other places in a similar hygienic condition,—that the apathy which exists so extensively on this important subject may be exchanged for an enlightened wisdom in sanitary reform,—that the maxim, "cleanliness is next to godliness," may become a proverb throughout our land.

#### IODINE IN THE TREATMENT OF ERYSIPELAS.

MESSRS. EDITORS,—I have just received a letter from a friend who stands very high in our profession—especially in the department of general surgery—in which he incidentally refers to the external treatment of erysipelas with the tincture of iodine. I send the extract to you, as confirming the views which have been set forth on the subject in your Journal. Dr. Alden March, the gentleman to whom I allude, is not a careless observer, nor does he form hasty conclusions. His authority should carry great weight. After referring to the subject matter, he says,—“The chief topic of my lecture tomorrow morning will be the treatment of erysipelas, when I shall take occasion to read extracts from last week’s Journal. The testimony in favor of the beneficial use of iodine, as an external application, seems to be quite conclusive, *and accords with my own experience.*”

Boston, Sept. 19, 1855.

Respectfully yours,

R. H. SALTER.

*Books and Pamphlets received.*—A Manual of Clinical Medicine and Physical Diagnosis. By T. H. Tanner, M.D. Philadelphia. Blanchard & Lea, 1855.—A reply to the Attack made by two Professors of McGill College, Montreal, upon the Graduates of Queens’ College, Kingston, by John Stewart.—Yellow Fever, considered in its historical, pathological, etiological and therapeutical relations, &c. By R. La Roche, M.D., &c. Philadelphia: Blanchard & Lea. 1855.—A Disquisition on the Ancient History of Medicine, &c. By Thomas L. Wright, M.D., Cincinnati. H. W. Derby. (Price 25 cents).—American Eclectic Obstetrics. By John King, M.D., Professor of Obstetrics and Diseases of Women and Children in the Eclectic Medical Institute of Cincinnati, &c. Cincinnati: Moore, Wilsch, Keys & Co.

*Erratum*—In No. 7, page 133, seventh line from foot note, for 4th read 1st.

*Deaths in Boston for the week ending Saturday noon, Sept. 22d, 91.* Males 50—females, 41. Accident, 1—asthma, 1—inflammation of the bowels, 2—disease of the bowels, 1—cancer, 1—consumption, 12—convulsions, 1—cholera infantum, 11—croup, 1—dysentery, 11—dropsy, 1—dropsy in the head, 3—debility, 2—infantile diseases, 5—puerperal, 1—epilepsy, 1—typhoid fever, 6—scarlet fever, 2—intermittent fever, 1—hooping cough, 5—disease of the heart, 4—inflammation of the lungs, 3—disease of the liver, 1—pleurisy, 1—purpura hemorrhagica, 1—disease of the spine, 1—smallpox, 9—unknown, 2.

Under 5 years, 46—between 5 and 20 years, 12—between 20 and 40 years, 19—between 40 and 60 years, 9—above 60 years, 5. Born in the United States, 70—Ireland, 11—England, 4—Germany, 4—Scotland, 1—British Provinces, 1.

*Keloides*.—The following note, by the Editor of the Southern Medical and Surgical Journal, is appended to Dr. Slade's article on this disease, which is copied from our pages into that Journal.

"This affection is quite common in this State (Georgia), among Africans or their immediate descendants, showing itself most generally upon the sternum in the form of one or more transverse bands of elevated and indurated cutaneous tissue. Although frequently of spontaneous origin, it does sometimes show itself at the seat of injuries of the skin, more or less serious. We have seen several negroes in whom they resulted from the effects of the lash upon the shoulders and back; in others, from burns. It is comparatively rare here in the white race, as we do not remember having seen more than three whites affected with it, whereas we must have seen at least fifty blacks thus affected. According to our observation, it is very generally harmless. We have seen a few cases, however, in which it terminated in suppuration, and then had very much the appearance of a scirrhus cancer. Yet the general health seemed unimpaired, and the suppuration was not attended with loss of substance nor extensive ulceration. We have usually let them alone; but in two instances where we practised extirpation, the disease returned."

*Heavy Damages for Slander of a Physician*.—Dr. O'Neal, of Baltimore, has recently obtained a verdict against a Mr. Jeffries, to the amount of \$10,000, for a libel against his professional character. The facts are these. A year ago last July, Jeffries met with a severe railroad accident, by which both legs were fractured, as asserted by Dr. O'Neal, who treated him accordingly. Some six or eight weeks afterwards the patient became dissatisfied, dismissed the Doctor, and contended that the bones had not been fractured, and even went so far as to publish a card in the papers, charging the Doctor with ignorance in not discovering that the limbs were not fractured, and for dishonestly pretending that they were. This was the ground of the libel, and for which the jury, after a long trial, and thorough investigation, awarded the above damages.—*St. Louis Med. and Surg. Journal*.

*Regulation respecting Poisonous Substances*.—The Prefect of the department of "Les Landes," in France, has just published a regulation which is likely to diminish the chances of mischief in the dispensing of actively poisonous substances. The pharmaciens are directed to use *red paper* for the labels of bottles which contain dangerous fluids, the words "for external use" being written thereon. The labels of ordinary medicine bottles, for internal use, are to be white. In this country, chemists are generally very careful to write "for external use" and "poison," when necessary; but the distinctive *color* is certainly an improvement, as the bottles may fall into the hands of persons *who cannot read*.—*Lancet*.

*Casarean Section*.—M. Stoltz has recently published the details of a case in which he performed this operation twice in the same individual with success, saving both mother and infant. The case has produced a great sensation in the medical world of France. The second operation is not so dangerous as the first, as adhesions are usually formed which facilitate recovery.—*Id.*

*The Exhibition in Paris* contains a most interesting department allotted to surgical instruments and surgical appliances. The French medical journals give the relative measurements of the Crystal Palace formerly in Hyde-park, and that in Paris. The figures show the Paris Exhibition to cover twice the space that was formerly enclosed in Hyde-park!—*Id.*

A writer in the *Lancet* proposes to fill the shaft of a stethoscope with water, secured by plugs of cork, as a means of increasing the capacity of the instrument for the transmission of sound.

Dr. Peter Parker, for twenty years medical missionary in China, has been recently appointed United States Commissioner to the Chinese Court. His knowledge of the language and of the habits of the people, from extensive intercourse with all ranks in the empire, renders this appointment peculiarly appropriate.—*N. Y. Med. Times*.



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## DR. JACKSON'S LETTERS TO A YOUNG PHYSICIAN.\*—A REVIEW.

[Communicated for the Boston Medical and Surgical Journal.]

For the last half century two names have been identified with the two great divisions of medical practice in the city of Boston. Each of these names has held without dispute the first position in the list of those who, during this long period, have devoted themselves to the cure of disease in its internal or external manifestations. In those doubtful cases where the wisdom of attending physicians has confessed itself baffled, where have the practitioner and the patient naturally turned for counsel but to the calm judgment and penetrating sagacity of Dr. JAMES JACKSON? Where, in Massachusetts or New England, has accident or disease rendered necessary some difficult and appalling operation, without suggesting to the sufferer and those around him the name and fame of the great Boston surgeon, JOHN C. WARREN?

In the book lying before us these two names are brought together in the most impressive, yet natural and pleasing manner. The time-honored Physician dedicates his work to the veteran Surgeon. Not in the cold phrases with which men discharge formal obligations, or pay expected homage, or court wished-for patronage. As friend to friend, as brother to brother, as the old companion who has kept side by side with his comrade, while friends have forgotten each other, and brothers have become estranged, so speaks the cherished and revered practitioner to his renowned cœval. There is nothing nobler in its simple sincerity, nothing more charming in its cordial frankness, in all the literature of friendship, than this beautiful Dedication. And this we say deliberately, with the memory of the famous friends of history full before us, and not forgetting all that Montaigne has told us in that most pleasing of his essays, where his philosophy gets the deepest color from his affections. "*Omnino amicitiae corroboratis jam conformatis que et ingeniis et ætatibus judicandæ sunt.*" "Those only are to be reputed friendships that are fortified and confirmed by judgment and length of

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\* Letters to a Young Physician just entering upon Practice. By JAMES JACKSON, M.D., L.L.D., Professor Emeritus of the Theory and Practice of Physic in the University at Cambridge, &c. Boston: Phillips, Sampson & Co. 1855. 12mo. pp. 344.

time." Præeminence in circles that, without being identical, largely intersected each other, half a century of professional successes within the same narrow precincts, selection for the same professional honors ; and out of this fiery furnace, fed with every possibility of rivalry and jealousy, comes this golden proof of unchanged and unchangeable affections, fresh as when the morning of the century set the stamp of heaven upon its face. Were there nothing in these pages but this single letter, there would be more to think of and to speak of than in many a volume which the author has martyred himself to spin out and the reader to shorten. It is especially a precious legacy to the young men of the medical profession and of every profession, who are just beginning that career of effort and competition where the intellect may give outward success, but the heart alone can bestow inward happiness. Here is a living example, in the calling most open to jealous conflict of all, if we except that of the actor, of hearty coöperation and continued intimacy for a period in which all that chance could do to produce estrangement has long exhausted itself. Let us hope that such an instance is not without its like elsewhere ; but such cannot be common, for few men are so eminent, and few are blest with such a long career.

It is not hard to believe that an example like this must have had a permanent effect in the place which it has honored. And it may be fairly claimed that there are no recognized feuds in existence in this medical community. There are several societies, but they do not hate each other. There is a Journal, as our readers know, but it is not called upon to perform the function of gall-bladder to the body professional. How would it have been if these leaders of the profession had been angry rivals for half a century ?

A sensitive brother may wonder to hear us speak of such jealousies and hostilities as possible. Unfortunately they do exist in various places, and the antagonists insist on our knowing it. The sensitive brother has not received so many savage pamphlets and journals, generally printed in bilious-looking ink on livid-looking paper, as we wretched reviewers have been favored with. *Why* "doctors differ" so often, may be well asked ; but that they are apt to do so, candor itself must confess. Playwrights, and caricaturists, and *farceurs* generally, agree on this point, and they cannot all be wrong about it. The reason of the fact is plain enough. Lawyers batter each other from behind their legal bastions in broad daylight. Clergymen "shell" offending brethren from their mahogany breastworks, in the face of assembled multitudes, with loud explosions. But the doctor, though his face belongs to the street as much as the signs and door-plates, does most of his warfare, as well as his acts of mercy, under cover. Hence all buzzing scandals find a nidus in his track, and creeping hatreds are but too likely to be born from their deposits. Nor is this the only trial to which the physician's temper is exposed. Mere differences of opinion are apt to lead to dissensions, but most of all in



a branch of knowledge where opinion is the key of life and death. So the quarrels of physicians make up no small part of medical literature. John Hunter had Jesse Foot to tease him, and died at last in a spasm of anger. Lawrence and Abernethy squabbled over their physiology; the question of vital heat induced a coolness, and that of the union of soul and body led to a final separation. Broussais abused the "Ontologists." Bonillaud sneered at the numerical analysts. Ricord, the Voltaire of pelvic literature, slipped his stiletto under the fifth rib of Bully Lisfranc of La Pitié, whenever he got a chance; and that brawny old slasher—whom we remember to have heard regretting the big thighs of the Imperial Guard, they were so nice to cut off—swore at the Mephistopheles of the *Rue des Capucins* as a regular part of his exercise before breakfast. And with what gusto the students took up the dispute, as they always do in such cases! Fierce *internes* tore off their white aprons and sent cartels of defiance to mortal combat. Hot-blooded Alexander Thomson, who talked worse French and made better dissections than any body in Paris, got mixed up in the *mélée*, lost his temper, was called by ill names, which he understood if he could not pronounce, became soured, suicidal, and left his great work, which was to beat Scarpa and shame Sir Astley, all unfinished. Look at the fragments of wreck he has left—they are preserved in Velpeau's work on Surgical Anatomy—and think how sad a thing is a medical quarrel that maddens such brains and palsies such hands as this lost Englishman's! Then look on the fair picture of these two illustrious lives, rising in the same horizon, shining in the same meridian, declining to the same sunset, which have imparted only light and warmth to each other, in the long path they have traversed!

We must come to the book thus introduced by a prelude which would disarm all criticism, if such were like to be of a hostile nature. But in truth it is not a subject for criticism in its ordinary sense. A man confessedly of the wisest in his calling, with an experience embracing much of the life of three generations, and an intellect untouched by any infirmity of age, is willing to sit down by a young practitioner and tell him what he thinks is most important for him to bear in mind in daily practice, with reference to the diseases he will most surely and frequently encounter. He speaks from what he has seen, he has no end but truth, he utters it in the plainest way, he alloys it with no personal vanity, he encumbers it with no parade of literature. Here, then, we have a book that does not contain learning, but rather the essence of learning, wisdom. There may be erroneous opinions in it; facts may have been misinterpreted, prejudices may have crept into its judgments, but it cannot help containing this palpable and precious treasure, namely, the final results of what fifty years of professional life have slowly elaborated in the mind of a very fair and very capable man. Whatever they may prove to be, we must accept them with respect, if they truly fulfil these conditions.

Certainly it is a great satisfaction to find, that in their general character they correspond with the teachings of those admirable men whose names are identified with the true growth of medical knowledge; with those of the Father of Medicine himself, the sharpest of bedside observers, of courageous Sydenham, of discreet Heberden, of untiring Louis. Better, far better than if all these years of toilsome observation had ended in some pleasing generalization, some fancy-flattering theory, to accept which is to turn all past experience into an illusion, and show us that what we thought a telescope is only a kaleidoscope, which changes its patterns as we shift it from hand to hand. Better than if all had summed itself up in the barren negatives of a scepticism which begins and ends with "let alone," and flings open the door to the ignorance which has for its motto, "do something, if you know nothing."

We do not propose to give our readers an abstract of a volume which is itself an abstract of half a century's experience in many of the most important diseases the physician is called to meet. When the critical pharmacist has an intellectual infusion to deal with, he can boil it down to a strong decoction before he asks us to taste it. If he has a decoction to examine, he can make an extract of it by further evaporation. But if the result submitted to him is already in the form of an extract, he need not worry himself to prepare it for us; he had better let us have it in the "original package." And in the case before us, nothing more is necessary than to sketch the general plan of the work, what it professes to do, and what not to do, and to mention a few of the more prominent subjects and their mode of treatment as specimens.

These letters are addressed to a young medical practitioner, just entering upon active life. They are intended to be familiar in their manner, and to tell the young physician many things which may aid him, and which are not to be found in the formal treatises he commonly consults. They do not profess to describe any single disease systematically, nor to treat of all the diseases he may encounter.

But if the young physician will keep these letters by him, or, what is better, carry all their precepts in his head, he will be surprised to find how large a portion of his medical practice will be provided for in the answers of this unpretending oracle. It is not a large volume of which we are speaking. But it is larger than the aphorisms of Hippocrates, which have governed medical practice more than any other book that was ever written. It compares very well in extent with Heberden's Commentaries, which have given him an illustrious place in English medical literature. And within the small compass of a few hundred pages, he will find ten times the satisfaction that he can hope from a dreary compiler who has dragged the journals to fill his octavos of peppered sheepskin with sprawling recipes. What a young practitioner wants when he is called to a case, is the opinion of one man on whom he can rely; not those of twenty men of whom he knows little or nothing, and from



which he is to choose, very probably selecting that of some youthful sage, who having had a single case of decent gravity which got well in spite of him, publishes it, so as to get more of the same sort. He will find just what he want in these letters. Is he oppressed with anxiety as to his first appearance in the sick chamber, and his manner of treating those who are to accept or reject him, and does he wish for the counsel of an elder friend as he sallies forth on his eventful errand? Let him read the first of these letters, and he will have the precepts of one, who, by common consent, has offered the most perfect model of deportment in the sick room that our neighborhood has known in this generation. Is his first patient a young mother with her first baby, with its back teeth and August coming together, or a pale woman with a headache, or a sallow minister with dyspepsia, or a lean shoemaker with consumption, or a girl of thirteen twitching like a jumping-jack, or a middle-aged gentleman with his face twisted, who does not put out his tongue quite straight, and slurs his t's in talking, but says it is nothing—any of the *real cases* that are sure to turn up first and bother the young pathologist who does know a cancer-cell and does not know what to do for a stomach-ache—let the young doctor sit down a few minutes with the old doctor—and these letters are the old doctor talking—and everything will be as plain as the trochanter major!

It is not to be forgotten that there are a good many sensible—and other—people, now-a-days, who are to a great extent their own medical advisers. Old female America still holds to its Buchan; but it may be remarked that this sagacious professional gentleman contrives to puzzle and frighten his venerable readers so thoroughly that they end by invariably sending for the doctor. Female America, junior, has studied a little physiology, has found out that drugs are nuisances in a nursery, except on rare occasions, has friends who are “homerpathic,” if she is not touched herself, and is not so good a customer on the whole as her grandmother. We must take people as we find them. We who have scowled fearfully on fancy-physic in times past, have at length smoothed our wrinkled front into something approaching good nature. The imaginative side of certain persons must be met in their infirmity quite as much as in their strength. No doubt the water-cure, as they transfigure it, is as much a fiction as the other “Tale of a Tub.” No doubt the little box which romantic maternity resorts to—the box of minute phials—with aconite, arnica, and the rest, on the corks—is as much a poem in four and twenty bottles as *Paradise Lost* is a poem in twelve cantos. But these dear ladies, though they have their pet theories, are still amenable to common sense when plainly and pleasantly presented. Now this is just what these letters will give them; good sense applied to the management of diseases by one who knows a great deal more about it than they can know, and who, as most of his brethren will confess, knows more about it than most of them will pretend to. And if

they will only mind the plain injunctions laid down in these honest pages, there is no more objection to a few globules now and then, than to any other harmless amusement.

Of course, after what has been said, we need not hesitate to recommend this collection of wise precepts and instructive histories to all those who believe that there is such a thing as medical art, properly so called, in distinction from the more or less pleasing delusions in which, from age to age, the fancy-practitioner finds his fame and profit. We could wish that every form of invalidism and disease had been touched upon; but although this was not a part of the author's plan, yet many of the maladies most to be feared in this climate have received some important light from his labors. We do not hesitate to say that we know of no guide whatever for the invalid, or the sick room, or the nursery, on which we should place such implicit reliance, so far as it professes to give counsel. Such an opinion should hardly be uttered without giving some grounds for it. They are not to be found in the book alone, although every page of it inspires confidence, but in the habits of searching investigation and calm reserve in drawing conclusions, which most practitioners in our community, and many who were educated here, have long known as the characteristics of the author, and which have given him his fame as a consulting physician and as a teacher.

We shall now briefly sketch the plan of the work, and refer to a few of the subjects most fully treated.

The Dedication is followed by an Introductory Letter, containing many excellent precepts, and suggesting various motives to encourage the young practitioner—example, among the rest; and here is introduced a very pleasing sketch of the Author's early Instructor, Dr. Edward Augustus Holyoke, "Old Master," as his pupils loved to call him, famous for having lived more than a century, but more justly to be remembered as a physician of the purest character and most excellent sense, who received the highest honors at the hands of those contemporaries whom he out-lived by a whole generation. We had marked these pages for quotation, but, like many other passages we should be glad to borrow, they cannot be compressed without being injured, and there is hardly room for them in our narrow limits.

The second letter is entitled "On Conduct in the sick room." This is a matter on which, as we have said, Dr. Jackson is entitled to speak with peculiar authority. Though addressed to a young physician, it will do many old ones good to read it and follow its sensible counsels. There are many directions, just such as will not be found in stately volumes, which yet will prove of great service if they are attended to, and which we see every day neglected. For instance; how shall you inspect a patient thoroughly, without letting him feel that he is stared at? Be sure that you are between the patient and the light when you examine his tongue; thus you get to windward of him under a reasonable pretext, and study him



like Fouché, while you look as unconscious as Talleyrand. Here is another point, to the faithful observance of which we have heard Dr. Jackson attribute no small importance in obtaining success in practice. "If possible, make your visit when it is expected, and let it be known when it should be expected." Professor Clyso-pipe, of the Hotel Dieu, taught us how to detect a cherry-stone in the œsophagus, by percussion, but he never gave us any advice about such small matters as this. So we lost our first Member of Congress as a patient, because we called at 9, A.M., one day, and and at 10, P.M., the next. At 12, M., precisely, as we were told, he had sent for the doctor whose office is just opposite. The tone of this chapter is very cheerful and good-natured, and it closes with the following consolatory confession:—"I have often remarked, that, though a physician is sometimes blamed very unjustly, it is quite as common for him to get more credit than he is justly entitled to; so that he has not, on the whole, any right to complain."

The five following letters are devoted to diseases of the Nervous System. Many valuable original remarks on different forms of headache; interesting cases of epilepsy and convulsion fits; results of restriction to vegetable diet in apoplexy; curious and often misinterpreted affections, classed under the name of "mimotic palsy;" some plain statements about neuralgia, with a decided flavor of humor to give life to them; a remarkable case of double consciousness; such, with many original observations and practical hints, are some of the chief matters to be found in these five letters. The two succeeding letters treat of dentition, the period of weaning, cholera infantum, and some other subjects of similar character. Dr. Jackson devoted special attention to these subjects at an early period of his practice, and published a most valuable paper more than forty years ago, in the New England Medical and Surgical Journal, on one of them—The Morbid Effects of Dentition. Every mother, as well as every physician, should be made acquainted with the results of his faithful observations which are here given. *Thousands of lives* are sacrificed every season to ignorance, or neglect of the plain rules here laid down. We extract that portion of the text which relates to the time of weaning. It must be remarked that these rules are founded on an experience principally acquired in Boston and in its vicinity, but many of the cities and towns in the Northern and Middle States, at least, appear to suffer as great proportional losses from the infantile complaints against which these plain directions are meant to provide. Let those who wish to know the extent of the calamity which their neglect, in great part, causes, inspect the bills of mortality for New York, or Philadelphia, or Boston, during the months of August and September, and count the deaths of children under the age of two years, during the period in question.

"Children are benefited by living principally on the breast for twelve months; their vigor is evidently impaired, in almost all cases, when they are nursed less than nine months. The safest pe-

riod of the year for weaning is from the middle of October to the middle of March; provided they be not weaned under ten months after December, under eleven after January, nor under twelve after February. Children who are weaned at the age of twelve months in March are ordinarily safe; those who are weaned at this age in April are less so—one half of them, perhaps, suffering severely in the subsequent summer or autumn. In May the danger increases; and in the four subsequent months, if a child of any age be weaned, it will in most cases be very sick before the middle of the October ensuing. The disease does not immediately follow the weaning; though in many cases the diarrhœa of teething children ensues at once. But the instances, in which children, who are weaned between May and October, escape severe cholera infantum, are extremely rare indeed."

We give these rules without those qualifications and limitations which accompany them in the text. To their essential soundness, Dr. Jackson gives the same support in 1855 which he gave in 1812.

In all that relates to the treatment of *cholera infantum*, the ninth letter will prove satisfactory alike to the practitioner and to the parent obliged to regulate her own nursery. Those who would read one of the best descriptions of a disease since Aretæus sketched, with his master hand, the haggard features of Phthisis, may be referred to that old Journal for the original, and to works too numerous to mention for more or less faithful copies of its sharp delineations.

Letter tenth is a long and miscellaneous one, containing valuable hints on a number of important diseases—pneumonia, rheumatism and gout among others.

Letter eleventh treats of the most important disease of our climate—*phthisis*, and a symptom often connected with it—*hæmoptysis*. We know of no better general rules than those Dr. Jackson lays down; and of no better medical story than that of the wood-chopper on the Penobscot, by whose example he enforces one of the most essential of these precepts. Dr. Jackson's experience has not led him to the belief that the disease travels *downwards* from the upper part of the air-passages—a somewhat prevalent notion at the present time, leading to topical medication of those parts, under the idea of arresting this downward-spreading affection. The whole history of tubercle, its presence in vast numbers of cases where no symptoms had betrayed its existence, its connection with the state of the nutritive functions, its predilection for special parts at particular periods of life, the fact that affections of the larynx are in most cases clearly secondary to the development of tubercle in the lungs, and that when they seem to be primary, granulations, at least, may often be present, all these circumstances add probability, as we think, to Dr. Jackson's view of the matter. A case of fatal hæmoptysis, of much interest to the pathologist from the very careful *post-mortem* examination, is also given in this connection. We would more especially recommend the reading of this letter to



the consumptive who wishes to be cheered by hopeful encouragement, not foolish promises, and by the recital of cases where life has been prolonged, and even available health restored, by following such plans of treatment as are here mentioned.

We come to the letter on *dyspepsia*. Let the reader who has a squeamish stomach for new medical books, sit down and read this letter to begin with. Then let him tell us if he ever met with more good sense and good nature, more perfectly intelligible and reasonable directions, more utter freedom from cant, a more pervading aroma of nature, such as observers carry about with them unconsciously, and compilers try in vain to distil through their long piles of empyreumatic aludels, a more perfect reflex, in short, of the mind of a grand old Master of the healing art, whose treasury half a century has been filling—all crowded into a scant half-hour's reading—than in this same twelfth letter.

We give a single brief extract to show the large way in which Dr. Jackson treats the subject of indigestion; so wholly different from the fashions of those routinists who seem to consider every medical utterance as an epigram, of which a recipe is to be the point.

“You will have the best chance of aiding your patient, if you can keep him under your eye and under your care for a while, so as to ascertain his character and habits, and so as to educate him as to his mode of life. In going over the history of his life from day to day, you may satisfy yourself and make him realize what are the errors of his ways; that he may be convinced that a good life will lead to health; that he must not sin for a week, and seek absolution at the end of it by the aid of the apothecary. In this last course such a man loses ground constantly.

“In many instances, instead of prescribing a medicine, I have found it necessary to give my dyspeptic patient a moral lecture; and that, even though he wore a black coat. My lecture has indeed most often had reference to sensual indulgences; but sometimes it has turned upon points of a very different character. Not unfrequently I have had to descant upon the evils and the impropriety, if not the sin, of over-conscientiousness; of too great an anxiety to do right, and of distressing regrets from the fear of having erred, unintentionally, in some minute particular. In this morbid state, a man may waste his present *hours* in lamenting the waste of *minutes* in time past.”

The remaining letters relate to the following subjects: diseases of the intestines; constipation; bilious diseases; calculi; irritable bladder; boils; typhoid fever.

It must be remembered that Dr. Jackson does not profess to give the symptoms of diseases, except so far as may be necessary to identify them sufficiently for his purpose. In certain cases, however, as when treating of an obscure affection of the iliac region, and of boils, he gives much time to the full description of their character and course. Perhaps the natural history of boils has

never been written so thoroughly ; it might serve for a chapter in Job's autobiography, and at the same time illustrate his patience as an observer of nature.

The chapter on the Treatment of Typhoid Fever differs from the others in being founded on the rigorous numerical analysis of a long series of cases observed during successive years at the Mass. Gen. Hospital. Its conclusions in favor of the emetic practice in these cases are decisive—at least until a larger array of evidence as trustworthy, and as carefully sifted, shall have contradicted its results, or proved the value of some still more efficient agent.

We have done little more to show what the letters contain than give a list of subjects. A paper made up of extracts from them would have been more effective in drawing the attention of our readers to the book itself, but we could not resist the temptation of expressing our own impressions upon reading it, and we must refer to the pages of the author for our justification.

To the practitioner, young or old, we commend these letters as a collection of sagacious observations and wise precepts, which the old Greeks would have written on their votive tablets, and the father of medicine himself would have enshrined among his aphorisms. To the invalid, or those having the care of invalids, or the nursery, we offer them as containing much valuable information by which any intelligent mother or nurse may profit. To all who love science, and especially that science which on its practical side touches our dearest earthly interests, we introduce this little volume, full of large thoughts and rare experiences, as showing a perfect pattern of the true Observer of Nature at the bedside ; one who is never contented until he gets between her and the light, and never lets the shadow of self-love obscure one of her features. O. W. H.

#### SEVEN CASES OF TETANUS.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—A strong, active woman injured the sole of her foot by stepping upon a nail. A week after the injury, symptoms of locked jaw supervened. The spasms were regular and frequent. A consultation agreed in the diagnosis. *Treatment.*—I administered half a drachm of tinct. opii and one sixth of a grain of tart. antimony until one ounce was taken of the former, without any symptom of narcotism. Emetics were used after the eighth dose with a temporary relief of all the symptoms. I applied, to the entire length of the spine, a liniment of turpentine and laudanum, and administered half a drachm of sp. terebinth. by mouth, every two hours, until seven doses were taken. On the second day, the character of all the symptoms assumed more the peculiarities of hysteria than true tetanus. The spasms were of every variety. Emprostotonos, opisthotonos and plenrothotonos would succeed each other. Recovery took place at the expiration of two weeks by a gradual subsidence of the spasms.

CASE II.—A lad of 12 years of age received an injury in the bot-



tom of the foot. When called to him I found slight rigidity of the jaws and muscles of the back. He complained of an aching sensation in the back and neck. The expression of his countenance was anxious, and the corners of his mouth were slightly drawn down—closely approximating in expression the "*risus sardonicus*." *Treatment*.—I covered the wound with a tobacco poultice. Applied to the spine a liniment of tinct. opii, aconite and turpentine, and administered internally tinct. opii and sp. terebinthinæ. There were no spasms, and recovery was immediate.

CASE III.—A man aged 35, of intemperate habits, slightly injured the nail of his thumb. A week after the accident, he complained of rigidity of the muscles of the neck. Complete trismus soon supervened, with regular spasms. He died on the third day. *Treatment*.—Dover's powders and quinine every four hours, turpentine in drachm doses, with liniment to spine of tinct. opii and terebinthinæ.

CASE IV.—A young mechanic, of sound health, received a slight contusion in the palm of the hand. A few days after the accident he was seized with a spasm. The jaws were locked for a few minutes. He complained of stiffness of the neck and back. The wound was opened, and a sedative poultice applied. A large tobacco poultice was applied to the throat, and Dover's powder administered internally. No further treatment required.

CASE V.—A lad, 12 years of age, was taken with idiopathic tetanus. I administered chloroform by inhalation, applied turpentine and laudanum to spine, gave turpentine and laudanum in large doses internally. He died.

CASE VI.—This case, of a boy 13 years of age, presented several peculiar and interesting phenomena. For several days previous to any alarming symptoms manifesting themselves, his countenance would assume at times a peculiar and sardonic expression. His parents threatened to punish him for *making faces*—not believing anything to be the matter with him. There was complete *trismus*, with general spasms, during which his body would form a complete arch on the bed. There was strabismus of both eyes. *Treatment*.—Quinine and Dover's powders. Turpentine liniment to back, combined with chloroform and laudanum, occasional doses of calomel to move the bowels, followed by enemata of turpentine and oil. He recovered in ten days by a gradual subsidence of spasms. For several weeks after convalescence he occasionally had a slight spasm. During his illness a *splinter* was discovered beneath the nail of the big toe.

CASE VII.—This case was a child, 10 years of age, and admitted of more doubt than either of the preceding. A consultation decided that it was idiopathic tetanus. There was no *trismus* or *stiffness of the muscles of the neck*, but the spasms were confined to the back and lower extremities. I applied lint wet with chloroform to the spine, until partial restoration occurred, and exhibited internally camph., tinct. opii and chloroform every half hour. The spasms soon ceased.

That the eastern end of Long Island predisposes to this disease from slight causes, I think no longer admits of doubt. Every domestic animal, excepting the dog and cat, are subject to it. The emasculating process produces more accidents from this cause alone than all others combined. The nature of this endemic influence I fear will never be satisfactorily explained; the fact that it exists, I think, is proved. Where no cure is known, prophylactic treatment deserves increased attention. A domestic remedy of almost universal application here, is salt pork worn upon the wound. As all the cases I have treated had availed themselves of this application, nothing further can be said in favor of the "porcine fomentation." It has also been the custom here to have every wound opened, and, frequently, irritating liquids injected. I have never believed any benefit was derived from this course. Of wounds (particularly punctured and contused) I have never known a single accident occur when treated with tobacco and opium. Of the pathology of tetanus we are entirely ignorant. I believe the traumatic form originates first locally in the wound, and the excito-motory nerves become deranged from this local cause. The chances of successful treatment, then, consist in powerful sedative applications to the wound. But if the wound exists, then make the applications to the spine. Chloroform by inhalation gives only temporary relief—the frequent repetition soon exhausts the vital powers. Bleeding and warm baths I have never derived any benefit from. Active medication by mouth I think will disappoint expectations. Strychnine I have never used, but if any future cases present the opportunity for its trial I will give you the results.

*Long Island, N. Y., September, 1855.*

Yours, &c.,

C. STILWELL.

## Hospital Reports.

### MASSACHUSETTS GENERAL HOSPITAL.

*Case of Obstinate Vomiting, caused by an Injury.*—(Under the care of Dr. STORER. Reported by JAMES C. WHITE, Medical House Pupil.)

*June 13th, 1855.*—Almira S., a very fine-looking American girl, æt. 20, entered, under care of Dr. Storer. Three years previously she was in the Hospital, under treatment for obstinate vomiting brought on by an injury received a year previous to entrance. While engaged in stuffing sausages, the piston being withdrawn forcibly, struck her in the epigastric region, causing vertigo and hæmatemesis to the amount of half a pint. From that time she experienced much inconvenience from pain and great irritability of the stomach, and vomited blood two or three times subsequently. During her residence in the Hospital, she rejected nearly every thing taken, and for seven months all sorts of remedies, external and internal, were tried with little benefit, so that her system became greatly reduced. Finally, a tenderness over the dorsal vertebræ developed itself, for which several blisters were applied by Dr. Storer with marked amelioration of the symptoms, and she left the Hospital much improved in strength, though some irritability of stomach still existed.



She attempted to work several times during the year following her discharge, but always with aggravation of her old troubles. For the last two years she has been doing some little labor, though not a month has passed without vomiting and vertigo. Has only been able to eat very light food. The menstrual function has been irregular, with slight leucorrhœa. Three weeks ago she entered the house as assistant nurse, and attributes her present debility, in part, to an unusual amount of labor. Three days since, she was attacked with vomiting, and since then has been able to retain very little nourishment.

Patient was found in bed, faintness being induced by the upright position. Countenance rather pale, but not distressed. Vomits food without much retching. On examination, a tender spot was discovered along dorsal vertebral, to which a blister was applied, as in her former illness. She complains mostly of soreness at epigastrium, and of sick-headache. Bowels irregular; skin cool; extremities cold; pulse 70—regular.

The patient continued to vomit apparently every thing taken, until Aug. 1st. In the mean time every remedy that could be thought of was tried;—creosote, hydrocyanic acid, opiates, mercurials, nitrate of silver, oxide of silver, internally; croton oil, blisters, tartar emetic ointment, &c., externally, were perseveringly used, without benefit. About the beginning of August, she was attacked with diarrhœa, which soon assumed a dysenteric character, and became violent. The pulse was very frequent, and the pain severe. Charcoal, in half-drachm doses, in boiled milk, with morphia and wine, appeared to check the dysentery. The vomiting now began to diminish.

From this time to the 15th, the treatment consisted in the administration of opium, free use of wine, and the juice of meat. The dejections had by this time become reduced to one or two a day. Since then, her strength rapidly increased, her wan and emaciated countenance became full and healthy, and at the time of her discharge, Sept. 10th, she was free from nausea and all irritability of the stomach, and said she had not been so well since the accident, four years ago.

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*Chorea, treated by Cannabis Indica.*—(Under the care of Dr. STORER. Reported by JAMES C. WHITE, Medical House Pupil.)

August 14th, 1855.—Catharine M., a little girl, æt. 12, entered the Hospital under the charge of Dr. Storer. She had been an inmate of the Orphan Asylum of St. Vincent de Paul, for a year, and according to the statement of one of the sisters of charity, she was at the time of her admission a healthy child, and no change was noticed until the past spring, when she had a very severe cough, and fears were expressed by the physician of some tuberculous affection. She recovered from it, however, and had no return of pulmonary symptoms. During the month of May, an irregularity in the movements of the right leg, or lameness, was noticed, for which no cause was ascertained. It was not till the 29th of June, that any thing like spasmodic action was observed. She was immediately taken from the school-room, allowed free exercise abroad, and subjected to less restraint than the other inmates of the institution. No improvement resulted, however, and for the last two weeks there had been a marked aggravation of symptoms. As some of the other children seemed disposed to imitate her, *volens volens*, it was thought best to send her to the Hospital.

Eyes very black—of somewhat scrofulous appearance. Frame, slight. Uncontrollable movements much increased by the presence of strangers. Very easily provoked to tears or laughter, though the intellectual faculties

seemed unimpaired. Muscles of deglutition not affected. The disease was apparently confined to left extremities. She could walk on a straight line with difficulty, and her feet were lifted with a sudden jerk. Her arms were only kept quiet by clasping her hands together. She was able to carry a glass of water to her mouth without spilling, but could not tie a knot, or do any thing which required particular use of the phalangeal muscles. The facial muscles were also spasmodically affected. When asked to sit down, she did so with the apparent intention of going through the bottom of the chair. Body in constant motion when she was awake, and not wholly quiet in sleep. Bowels not constipated; appetite good. Tongue slightly coated. Pulse 100.

For four days she was treated with ferri carb., 3ss., three times daily; but on the 19th, muscular irregularity had very much increased, extending itself to both sides of the body. She could no longer feed herself, nor keep her arms extended for a moment. She became much less quiet while asleep, and walked with more difficulty. Several ecchymoses on face and limbs testified to the little voluntary power possessed over her muscles.

On 21st, there being no change for the better, the carbonate of iron was omitted, and the following dose given three times a day. Tinct. cannabis Indicæ, gtt. vi.; aquæ, 3j. M.

By Sept. 7th, the improvement was so marked that she was allowed to carry dishes about the ward, and could feed herself. From this time up to the period of her discharge (the 22d), the muscular irregularity diminished, and finally ceased. She could walk as well as any one, and had complete control over the muscles of her hands. At the same time her health seemed generally improved, countenance brighter, and lips more red. In four weeks after the first dose, she was discharged perfectly well.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.  
BY S. L. SPRAGUE, M.D., SECRETARY.

SEPT. 3.—*Catheterization of the Lungs*.—The regular reader being necessarily absent, Dr. BOWDITCH stated that he had had an interesting case of catheterization of the lungs, which he would report to the Society.

The patient, who was a laboring man, aged about 40, had suffered from ill-defined symptoms of phthisis, of which the principal were cough, emaciation, and loss of strength. The physical signs, though slight, were unequivocal. Dr. B. had tried a variety of treatment, but nothing seemed to do the patient any good; on the contrary, he grew daily worse, and was evidently "running down." Thinking the case a suitable one for the experiment, though without much expectation of benefiting the patient, Dr. B. proposed to inject a solution of the nitrate of silver into the bronchi, and the patient consenting, the operation was performed several times, once with the laryngeal syringe, and afterwards with the elastic catheter. At first, Dr. Bowditch did not succeed in passing the catheter beyond the vocal chords, but afterwards, the patient becoming accustomed to the operation, the instrument was introduced into the trachea with ease, as far as the bifurcation. The patient pointed to a place near the top of the sternum as the seat of sensation caused by the instrument; he did not taste the solution. The injection has been made ten times in this patient, and there has been a marked and steady improvement in the symptoms. The cough and



expectoration have much diminished; the latter has become thicker and more opaque, and the patient has improved in strength. The amount injected each time, was about one third of a drachm, of the strength of thirty grains to an ounce of water.

In another case, where the injection was performed without any hope of permanent benefit, its effect was equally remarkable. The application seemed to act like an opiate, and relieved the patient for 48 hours. It was frequently repeated before the death of the patient, on account of the comfort afforded.

Dr. Bowditch thought that, generally speaking, the operation could easily be done, though in some instances it was impossible to introduce the catheter. Dr. B. always desisted, when, from any cause, there was apparently a spasmodic closure of the rima glottidis. He had repeatedly performed it, and, though he sometimes failed at first, he succeeded after a few trials. The injection could be directed to either bronchus, by employing a catheter with a single eye, which could be turned in the direction required. His theory was, that the salt acts on the mucous membrane, perhaps coating it, and protecting it from the secretions from the diseased lung. He thought the operation a valuable means of relief, if not of cure, in some cases.

In reply to questions of Dr. Cabot, Dr. Bowditch said that there was no absolute proof that the tube entered the trachea, but it could apparently be seen to enter the glottis, because he had often deliberately passed it over the epiglottis, which was in full sight, and the patient was in a perfectly tranquil state. Moreover, the sensations of the patient, the fact that he could blow through the catheter, and above all, the relief afforded by the operation, made it almost certain that the fluid had touched the parts actually diseased. He had not noticed whether the patient could *inhale* through the tube, nor had he observed gurgling in the trachea, but he caused the patient to blow through the tube before injecting. His experiments never occupied more than half a minute or a minute each. Dr. Cabot thought that the sensations of the patient might arise from the effect of the solution on the œsophagus and stomach, though referred, as sensations in those organs sometimes are, to the top of the sternum. He also thought that the tonic and counter-irritant effect of the caustic (supposing it entered the œsophagus), might account for the improvement in the symptoms. Dr. Bowditch said that the affections of the stomach accompanied by sensation, though sometimes referred to the sternum, were oftener perceived in the epigastrium. He thought that if the remedy acted as a counter-irritant, it would give more pain. Dr. B. used an instrument with a large curve. He had frequently seen the instrument pass down behind the epiglottis. At times, it was somewhat *grasped* by the glottis. In one instance, only, the patient was purged after the injection, whether from the effect of the operation, or from some other cause, he could not say.

Dr. PAGE mentioned the case of a patient long troubled with cough, in whom the application of the caustic solution to the larynx afforded no relief. At last, the sponge was applied to the posterior nares, and adjacent parts, with the effect of curing the cough.

Dr. MINOT had seen a similar case.

Dr. CABOT described a method of reducing dislocation of the thigh, which he had employed with success in several instances. It consists in flexing the leg upon the thigh, then bringing the knee against the sternum of the patient, grasping firmly the knee and foot, and carrying the latter outwards, when the bone slips into its place. In a recent case, he easily effected re-

duction by this method, without ether. He had seen this method described in a recent English journal, as something new. Dr. C., however, had long employed it. Dr. Cabot also described a case of eruption resembling urticaria, resulting from taking two drachms of the tincture of hyosciamus. The whole upper half of the body was enormously swollen, the eyes being closed. At the waist were spots of urticaria. The eruption faded away, and the swelling began to diminish in an hour or two.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 4, 1855.

### QUALIFICATIONS FOR ADMISSION INTO THE MASSACHUSETTS MEDICAL SOCIETY.—PROPOSED ALTERATION IN THE BY-LAWS.

[We regret that the following communication was received too late for insertion in our last number; the importance of the subject, however, must command attention at any time, and we fully endorse the sentiments of our correspondent. The late reception of the article has prevented its being placed in the hands of the Councillors so early as was intended, but copies were circulated among them at their meeting yesterday, and we hope to have the satisfaction of announcing an action on their part in accordance with the intent of the recommendations of this paper.]

MESSRS. EDITORS,—The Councillors of the Massachusetts Medical Society at their next meeting are to act upon two matters of vital importance to the Society. One is the provisions proposed at the annual meeting of the Society for the presentation and trial of members accused of offences against its peace and dignity. These provisions we have confidence will in the main be found acceptable, even should some of the details be thought capable of alteration or amendment. The necessity for some such provision was too apparent to require much argument to urge it upon the attention of the Society. The method of procedure proposed is based as broadly as possible upon the forms and principles of our common courts of law, but suited, in the details and application, to the necessities of the case—to the total absence of any authority to enforce attendance in court, or administer oaths, &c. &c.

The other matter upon which the Councillors will be called to act is the alteration in the 3d and 4th By-laws. The change consists in this, that heretofore Harvard University and Berkshire Medical Institute have had the privilege of admitting their graduates into the Massachusetts Medical Society without examination; but the proposed alteration takes from them their privilege, and subjects all applicants for admission to an examination by the Censors. The first paragraph of the proposed 3d By-law also seems to take a higher ground and more comprehensive view than the present one does, or at least than the interpretation given to it does. By the proposed amendment, the Censors must be satisfied that the applicant is not only "educated," but that he "is properly qualified for the duties of the medical profession."

The avowed intention of these alterations is to separate, as much as possible, the Massachusetts Medical Society from quackery in any form; to wash its hands from contact with it under any circumstances—and to redeem it as far as possible from the paradoxical position of admitting per-



sons to its fellowship who are from the outset practically discarded, set aside and sneered at by another portion of its fellows. It is now pretty generally known that during the past year the Censors for Suffolk District, on their own responsibility, refused an avowed homœopathic practitioner admission into the Society, on the ground that, in the words of the original charter, he was not "fit to practise medicine"—holding that a man of his views did not come within that category. This was bold—some say rash; we think wise—or, at least, in accordance with *common sense*—a rare attribute. The Censors notified the Councillors of their act, and asked an expression of their opinion upon it, which might guide them for the future. It was given in a vote that "they approved of the act of the Censors." This followed out would effectually forever exclude homœopathists from the Society, were not Harvard College and Berkshire Medical Institute holes under the wall, through which they can now readily creep in. These institutions cannot help themselves—for, as a professor remarked to us, "we can only judge the applicant for graduation by the examination he passes; he is, as yet, unfledged, and does not show the feathers under which he will fly; we must therefore pass him." We do not, then, find fault with Harvard or Berkshire, but we would only say to them—if this privilege you possess of letting your graduates slip freely into the Massachusetts Medical Society inflicts upon that time-honored institution the scandal of having in it a number of men whose principles are utterly discarded and laughed at by the bulk of the members, who are looked upon as visionaries, pretenders, quacks—yet who must be stamped by the Society as "fit to practise medicine"—"*artisque medendi peritissimi*"—will you not yield it? And should they not yield it, we would without hesitation take it from them—and this requires some explanation. It is the general impression that this privilege of Harvard and Berkshire is conceded to them by the charter—that is, by the law of the State, and that, of course, it cannot be taken from them by any act of the Society. This is wholly an error. Berkshire *is not mentioned* in the charter.

"Such as may be admitted to the degree of Bachelor of Medicine at Harvard University shall be entitled to the use of the libraries of the Society \* \* \* and after three years approved practice in medicine and surgery \* \* \* shall, upon application, \* \* \* be admitted members."

We are given an explanation, in a foot note, that the Councillors consider the provisions applying to Bachelor of Medicine are equally applicable to Doctors—the one degree having been substituted for the other. We could show that the degrees are very different in their intent. But allowing their identity, a term of probation is required by the charter which is not required now, but which, were it required, would produce the desired effect. We therefore claim, as a right to the Society—the exercise of which would relieve it from the present scandal of giving the stamp of its fellowship to homœopathic practitioners, contrary to the original intent of the charter and the object of its foundation—we claim that the Bachelors of Medicine named in the charter are entirely distinct from the Doctors of Medicine graduated now, and that therefore the latter are not entitled to the privilege accorded to the former—or, if they are the same, and are therefore entitled to those privileges, they can only be entitled to them under the same provisions and restrictions. They must be admitted *on three years' probation*. C.

Boston, September 25th, 1855.

## DEATH OF HENRY WILLARD, M.D.

WE regret to announce that Dr. Henry Willard, of this city, died suddenly on the evening of Monday, the 24th ult. He was attending a political meeting at Redman Hall, and was one of the speakers. At the conclusion of his remarks he sat down, and almost immediately became insensible. Efforts were made to revive him, but he died in a few moments. He had long been troubled with difficult respiration, which was supposed to proceed from a diseased heart. Dr. Willard was of high standing in the profession, and leaves a wife and five children to mourn his loss.

At a meeting of the Suffolk District Medical Society, the following remarks and resolutions were presented to the Society by Dr. Cornell.

Mr. President, I doubt not I express the sentiments of all who knew our deceased and worthy associate, Dr. Henry Willard, in the following remarks and resolutions. Personally, there has been no member of our profession with whom I have been more intimately and pleasantly associated, since his residence near me, in this city.

Dr. Willard was born in the town of Holden, in Worcester County, Mass., May 18th, 1802. He studied medicine with Dr. John Ware, of this city, and graduated at the Harvard Medical College, in the year 1824. After receiving his diploma, he spent a year in Paris, in perfecting his medical education, and more thoroughly preparing himself for the practical duties of his profession. He spent several years in Provincetown, also a number in Fall River, in each of which places he had a large and successful practice, and always received the confidence and esteem of his professional brethren. A few years since, being in feeble health, he removed to this city, not so much for the purpose of obtaining practice, as to relieve himself of the numerous calls which he received, but from impaired health was unable to comply with, in the place where he had been in practice for many years. Since he resided among us, his health has gradually improved, and he has been constantly gaining in the number and confidence of his patients.

He was a good member of society, a lover and promoter of education, a kind and affectionate husband and father, a man of moral worth and integrity, and always had the respect of his fellow citizens.

He had for a long time labored under an organic affection of the heart. In a public meeting, on the evening of the 24th September, at which he had made some remarks, with great calmness and composure, soon after resuming his seat he sank down, and expired in a few moments.

With your permission, Mr. President, I will offer for the acceptance of this Society the following resolutions:—

*Resolved*, That this Society with deep sensibility recognize the visitation by which God in his Providence has taken from our number one of our most worthy and esteemed associates.

*Resolved*, That in the life and character of the late Dr. Henry Willard, we find much to remember and respect, and be grateful to God for, of professional fidelity, domestic virtue, philanthropy, love of education, and high and honorable purpose among his professional brethren and in the community.

*Resolved*, That the sincere and deep-felt sympathy of the Suffolk District Medical Society be tendered to the family of the deceased, trusting that the affliction which has so suddenly visited them, by this act of Divine Providence, may be sanctified to them, and that they may find consolation in the goodness of God in giving and continuing to them, so long, such a kind and praise-worthy husband and father.



*Resolved*, That a copy of these remarks and resolutions be sent to the bereaved family, and offered for publication in the Boston Medical and Surgical Journal.

VETERINARY MEDICINE.

A correspondent residing in New York State, says, in allusion to a recent article in the Journal, "I am much interested in the Veterinary College. If I were not too old, I should be vastly tempted to take a course of lectures myself. It is a thing sadly wanted in this country, and as each year greatly increases the number of valuable high bred stock, the more necessary does it become. I have been especially struck with this, from being conversant with the ills and casualties of Mr. T.'s valuable herd, where a hundred dollars would be as nothing compared with the loss of an animal, and where a surgeon would find ample employment by the year. High bred animals, like men bred in luxury and indulgence, are far more subject to disease than common and more hardy beasts, and have diseases almost unknown to lower bred animals. My friend S. has a case now, that he would gladly give five hundred, yes, a thousand dollars, if it could be cured. He has written to England, stating it, and they write him back that they never saw a similar one; and that is all the good he gets!"

SUFFOLK DISTRICT MEDICAL SOCIETY.

A stated meeting of this Society was held on Wednesday, Sept. 19, 1855, at 4, P. M. The Secretary proposed an amendment to the Third By-law of the Society. That it be amended by the addition of the following clause:—"Ten members shall constitute a quorum."

The following gentlemen were appointed a Committee on Nominations, for the ensuing year. Drs. Storer, Gordon, Fabyan, Morland and Williams. The subject of procuring suitable accommodations for the Society, was referred, on motion of Dr. Williams, to the Board of Supervisors, with full powers to act as they may deem proper for the interests of the Society.

On motion of Dr. Coale, it was

*Voted*, To postpone the Annual Address for one year.

*Voted*, To adjourn.

J. B. ALLEY, *Sec'y*.

*Errata*.—In our last number, we omitted to give credit to the Dublin Quarterly Journal for the first article.—Page 187, in the explanation of the engraving, under B, for fracture through pelvis, read fracture through *pubis*.

*MARRIED*.—In this city, 26th ult., Dr. J. H. Payne, of Bangor, Me., to Miss Hattie M., eldest daughter of Seth Whittier, Esq.

*DIED*.—At Brooklyn, N. Y., 13th ult., Dr. Augustus Robbins, formerly of Massachusetts.—At Philadelphia, July 15th, Moses B. Smith, M.D., aged 69; President of the Northern Medical Association.—At Saratoga, N. Y., Aug. 20th, Moreton Stille, M.D., of Philadelphia, aged 33.—At Kirk Connel Hall, Ireland, July 17th, Dr. Archibald Arnot, aged 84, Surgeon in the British army, and medical attendant of Napoleon, at St. Helena.

*Deaths in Boston* for the week ending Saturday noon, Sept. 29th, 103. Males, 61—females, 42. Accidents, 3—inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 4—cancer, 2—consumption, 17—convulsions, 4—cholera infantum, 20—croup, 3—dysentery, 7—dropsy, 1—dropsy in the head, 4—debility, 2—infantile diseases, 7—erysipelas, 1 typhoid fever, 1—homicide, 1—hooping cough, 1—disease of the heart, 2—inflammation of the lungs, 4—congestion of the lungs, 1—marasmus, 3—measles, 2—old age, 2—mortification, 1—scarlatina, 1—teething, 3—thrush, 3—suicide, 1.

Under 5 years, 62—between 5 and 20 years, 8—between 20 and 40 years, 13—between 40 and 60 years, 12—above 60 years, 3. Born in the United States, 83—Ireland, 14—England, 3—British Provinces, 1—Scotland, 1—France, 1.

*The Medical Officers of the Turkish Contingent* are complaining loudly of the treatment to which they have been subjected by the Government. "We get," says one of these gentlemen, in a letter lately received, "our bare pay and no allowances. From the time of our arrival, we have been under canvass; none of us came out prepared for this. We have had to procure our field appointments at an enormous cost—to purchase horses, &c., at a ruinous rate, our servants alone costing £8 to £10 a month; and yet to meet these expenses, we receive nothing, being debarred entirely from the allowances that all the other officers of the contingent have found them. \* \* \* \* Medical men, selected like ourselves, from the civil lists in England, and sent to Scutari, Smyrna, &c., receive about double the pay we get and do not one-half the work. They save all their salary, while our hands are never out of our pockets. Lord Palmerston told the country, from his place in Parliament, that, to compensate officers for the income-tax taken from their pay while serving in the East, field allowances had been substituted, yet we are mulcted in both. On the heads of those who use us thus, let the consequences rest; they may find to their cost the old adage of 'Penny wise and pound foolish' exemplified in this, as in many former instances."—*London Lancet*.

*American Physicians in the Russian Service.*—The following is a translation of a contract made by an American physician and an agent of the Czar:—"Mr. S—, physician, will receive as compensation, the sum of sixty silver roubles (not quite fifty dollars), which will be paid in current sounding silver, in the course of the first three days of every month. Besides, there will be given to Mr. S—, physician, enough money to pay for a first-class passage from Berlin to Warsaw. At Warsaw, the imperial Russian Government will provide him with the means to conduct him to his place of destination. The expenses of his return to Berlin, in case he shall cancel this contract, will be provided by the imperial government, as well as official voyages, which will be paid for according to the rules. The time of service will be counted as commencing the day that Mr. S—, physician, shall depart from here to Warsaw."—*Ib*.

*M. Soyer in the Crimea.*—The sick and wounded have benefited much by the efforts made by M. Soyer for improving the cooking establishments. He has gained the good will of all parties.—*Ib*.

*Smoking Arsenic with Tobacco.*—M. de Montigny, French Consul in China, states that the inhabitants of the North of China mix arsenic with their tobacco, which they smoke in their small pipes. "This custom is peculiar to the provinces of Ho-Nou, and Het-Chouen, and Chan-Tou. The apostolic vicars of Mautchooria and Corea, who have lived long at Seao-Tou, have informed me that the population of this vast country smoke with relish the garlicky vapors of this pernicious drug. The employment of arseniated tobacco is so prevalent in that region, that they found it impossible to procure it free from all poisonous admixture. They were obliged to send to the central provinces for that which they smoked. The bishops, whom I have cited, have likewise informed me that the arsenic smokers were beautifully plump, that their lungs worked like blacksmith's bellows, and that they were, moreover, as red as cherubims; for it is only the Southern Chinese who have the saffron complexion, which is attributed to the whole race."—*Jour. de Chimie*.

*Extraordinary length of the Funis.*—Mr. John Rouse relates, in a late number of the *Lancet*, a case of extraordinary length of the umbilical cord, which measured fifty-one and a half inches in length. It was coiled six times round the neck and once round the left thigh. Its apparent length was so short, that the cord had to be severed before the child could be delivered. The child did well. Baudeloque mentions a cord of fifty-seven inches.

*Treatment of Neuralgia by Chloroform.*—Dr. Hardy, of Dublin, suggests the local employment of the combined vapors of chloroform and warm water, as an excellent remedy in neuralgia. The application may be made to a limb by means of an airtight case, and should be continued for a considerable length of time.



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CASES OF DISLOCATION OF THE HUMERUS, WITH REMARKS.

BY MAURICE H. COLLIS, M.B., F.R.C.S. ; SURGEON TO THE MEATH HOSPITAL, AND  
COUNTY DUBLIN INFIRMARY, ETC.

CASE I. *Dislocation of the Humerus backwards into the Infra-spinous Fossa.*—A case of this extremely rare dislocation presented itself to me in October, 1851, at the Meath Hospital. The subject was an old woman, very thin, with weak, flabby muscles. The accident occurred thus: as she was walking along the pathway, with a bundle under her arm, she slipped off and fell forward on her shoulder; she immediately came up to the Hospital, feeling that her shoulder was hurt.

Upon stripping the shoulder the very remarkable symptoms of dislocation backward were at once readily perceived. In place of the natural rounded prominence in front, there was a deep depression or pit, into which the finger could be pressed; there was flattening of the shoulder on the outer side, below the acromion, and a large rounded prominence was felt at the back of the scapula, below the spine. This prominence was subcutaneous, and was easily ascertained to be the head of the bone, upon rotation of the arm. The elbow projected forward and a little out from the side; the axis of the limb ran from the prominence above mentioned downward and forward; the length of the limb, from the tip of the acromion to the point of the elbow, was not altered. The patient was either unable or unwilling to attempt motion of any kind, and when desired to do so she moved the scapula on the trunk. We were, however, able to rotate the arm freely, to approximate it to the side, and to bring it forward. We could not raise it or bring it in a backward direction without rotation of the scapula. In our manipulations we experienced no difficulty from the occurrence of tumefaction or effusion, owing to the recent nature of the accident, nor did the patient complain of much pain. The dislocation was readily reduced. Mr. George Porter made extension by raising the arm to a right angle with the body, and drawing it outward and slightly forward, at the same time rotating it. I fixed the scapula with the palms of my hands, and made pressure on the displaced

head of the bone ; with very slight effort the bone returned to its natural place, and the symptoms of dislocation disappeared. The patient recovered the use of her arm at once, and did not return to the Hospital.

All surgical authorities are agreed upon the extreme rarity of this form of dislocation—not more than eight or ten being on record. Boyer attributes this rarity to the fact that muscular action has no part in bringing about this dislocation. According to him the accident occurs by a fall on the side with the arm extended and advanced ; and it will require a very considerable force to be applied to the elbow before the bone can be thrust outward or backward ; it is manifest, however, that even when the accident occurs in the manner described by Boyer, the action of the muscles, which attach the scapula to the trunk, largely assist in producing the dislocation. By these muscles the scapula is fixed, while at the same moment the humerus is converted into a powerful lever of the first order. Its centre rests on the side of the chest, the violence is applied at the elbow, and it is only when this violence is sufficient to rupture the capsule, and overcome the action of the muscles about the capsule, that dislocation can occur. The muscles which fix the scapula assist in causing the accident, for if the glenoid cavity were not fixed by them, the violence applied to the elbow would cause it to follow the head of the bone in its movements, and render dislocation impossible. The possibility of dislocation by a direct blow on the front of the shoulder does not appear to have struck Boyer, nor do I well know how to account for its producing dislocation in the present instance, unless by supposing that the glenoid cavity was altered by age and rheumatic disease. It is well known, these causes are sufficient to flatten the cavity and give it a greater breadth in the backward direction. In the London Medical Gazette for 1833 a somewhat parallel case will be found, in which an old woman, falling on the front of the joint, dislocated it backward. From the feel of the joint, when reduced, both Mr. Porter and I were of opinion that the dislocation would be easily re-produced ; the patient, however, never returned to the Hospital, and we are ignorant of her subsequent history. I have thought it right to put the case on record, as the accident is rare ; but I regret that I am not able to throw more light upon what may be called the mechanism of its occurrence.

CASE II. *Primary Dislocation of the Humerus, with Fracture of the Coracoid Process.*—The subject of this accident was an elderly man with powerful muscles ; he was by trade an engraver on wood, and was chiefly employed to cut blocks for printing room-papers. While engaged at his trade one day he fell from a small step-ladder backward upon his right shoulder. For three weeks after this accident he continued to work, using some embrocations and liniments to reduce the consequent swelling ; he was not aware that his shoulder was dislocated until he applied at the Meath Hospital on the 25th of June, three weeks and four days after the ac-



cident. The symptoms were those of dislocation inward, the head of the bone lying almost below the centre of the clavicle, under the pectoral muscles; the man had continued to work at his trade unremittingly, so that a considerable amount of motion was obtained in the new position: rotation was not as free as in the healthy state, especially rotation inward, and there was little power of raising or abducting the arm. As he required a very free use of his arm to carry on his trade, I determined to use the pulleys to try and reduce it, or, at all events, to break up some of the adhesions, and, by instituting passive motion, enlarge the new joint and capsular ligament. The pulleys were used on three different occasions, without any effect so far as reduction was concerned; the movements of the joint, however, were becoming more extensive, and I determined to dismiss him after one more effort. Unfortunately, he got erysipelas of the head, and died of congestion of the brain, exactly six weeks after the occurrence of the dislocation.

A post-mortem examination was made with great care, so as to remove the scapula, clavicle, and more than half the humerus, with all the muscles complete. A dissection of these showed the deltoid to be infiltrated with plastic exudation to a very small extent where it was in contact with the capsule. The infra-spinatus muscle lay over the capsule and across the glenoid cavity; the supra-spinatus and teres minor were not sensibly altered in any way. Upon tracing up the attachments of the muscles to the coracoid process, the insertion of the coraco-brachialis was found to be separated into two portions, with an interspace of at least an inch. This was owing to a fracture of the coracoid process, which ran obliquely backward and forward. The fragment which was broken off was upward of an inch in length, and comprised the tip, with the insertions of the lesser pectoral, the short head of the biceps, and a portion of the coraco-brachialis. It was attached to the remainder of the process by a thick and strong ligament, and had evidently been broken off by the original accident. Upon placing the fragments in as exact a position as the fibrous tissue which intervened would permit, the remarkable length of the process was apparent to every one. I regret that this was not observed until too late to examine the coracoid of the opposite side. This extraordinary length of the process was probably the cause of its being fractured, and I look upon it that the position of the head of the bone, to which I shall now refer, was due to this fracture. Upon removing the superficial muscles from the inner and anterior surface of the head of the bone, we came down upon the capsule and the subscapularis. This muscle was remarkably placed as regards the head of the bone; the dislocation had taken place primarily inward above the level of the tendon of the subscapularis, which lay below the new joint, and acted as a powerful strengthener of the capsular ligament inferiorly, to which it was firmly united. A considerable mass of organized fibrine lay on the inner side of the neck of the scapula, below the root of the coracoid, forming a kind

of buttress to the new joint. Upon dividing the capsule, and rotating the bone outward, the new socket came into view; it was of a bright red color, not inflamed, but undergoing active organization; it was two and a half inches in length, ten lines broad in the centre, and semilunar in shape. Its outer edge was formed by the inner margin of the glenoid cavity, which had here pressed upon the anatomical neck and head of the humerus, and had deeply indented them, the cartilage of incrustation and some of the bony tissue itself being absorbed at this point. Beyond this a new capsule was in process of formation, or it might be more correct to describe it as a ligament which connected the inner side of the glenoid cavity with the outer side of the anatomical neck of the humerus. This ligament was of great strength, not more than two lines in width, and limited the motions of the joint considerably; it was imperfect inferiorly, but upwards it extended to the root of the coracoid. A probe could be passed below it into the old joint, by which it could be ascertained that, with the exception of a few slight, loose threads, no adhesions existed between the opposite sides of the capsule. There was no rent in the capsule at the time of examination, nor any appearance of one, although we cannot doubt that an extensive laceration took place at the time of the accident on the inner side of the joint. The appearances remarked seem to show that the great obstacles to the return of the bone to its proper bed in cases of old dislocation are the new capsules, ligaments and adhesions, which are formed around the bone in its new position. In this case there was no filling up of the old socket, nor did any of the muscles, except the subscapularis, oppose the reduction of the head of the bone. The new capsule on the inner side, and the ligament which was formed on the outer, were the main obstacles to reduction, as well as to free motion in the new socket. The thickness and strength of these were very remarkable; the capsule was dense and tough, and fully half an inch thick on the inside and inferiorly, where the subscapularis covered it. The strength of the new external ligament may be judged of by the fact that a small chip was here detached from the cancellated structure of the head of the bone, probably by our efforts at reduction. The new ligament had already acquired such powers of resistance as to bring a portion of bone with it, rather than give way. In addition to the alterations of structure which I have enumerated, there were one or two small fragments detached from the coracoid process, which were not observable until after a couple of weeks' maceration. These were a portion of the original injury. By the same means a fissure was brought to light running round the lower margin of the insertion of the capsular ligament, and following the line of the anatomical neck of the bone. This fissure ran upward a short way into the bicipital groove; it amounted merely to the slightest possible crack, and I am inclined to look on it as the result of the efforts at reduction. Its depth



was not more than from two to three lines, and its extent was about one third of the circumference of the neck.

The inspection of this joint, upon the whole, tends to show the impolicy of violent efforts at reduction, when dislocation has existed undisturbed for even a very few weeks. It was manifest that in this case no amount of violence could have availed to restore the humerus to the glenoid cavity, and that the head of the bone would have separated from the shaft had any great force been used. The extreme density and toughness of the capsules and ligaments were remarkable, and the most that could be attained in such a case would be an extension of the fibrous structures, with greater freedom of motion. This may not apply so strongly to those cases in which secondary dislocation inward occurs after dislocation downward. Cases of that description occur from time to time, in which reduction has been effected after even six and seven weeks. How far such cases are ultimately benefited, is a question upon which I have no right to enter here: a great deal will, no doubt, depend on the vigor of the patient's constitution. In the present instance the rapid organization of the new joint rendered it impossible to restore the bone to its proper place, although the effort was made before the end of the fourth week. I have a cast in my possession of another case, supposed to be consecutive dislocation inward, in which the patient, at the end of five weeks, was totally unable to move the humerus on the scapula. Every effort at motion, whether active or passive, failed to stir the bone in its new bed. The patient was an active, industrious person, and had plied her trade as a char-woman from the third week after the accident, yet the organization of the deposits round the head of the bone was so firm that no motion was obtainable, even after repeated use of the pulley, and ultimately she was obliged to be satisfied with the motions of the scapula on the trunk.

I have not dwelt upon the direction in which extension should be made, as no light is thrown upon the general subject by this somewhat exceptional case. Extension in the upward direction, with rotation inward, was best calculated to extend the new ligaments; reduction was manifestly impossible, as proved by post-mortem examination, and the condition of the parts was such as to afford subject of congratulation that our efforts had been neither violent nor prolonged.

I omitted to state that the long heads of the biceps seemed, in the opinion of some, to assist in preventing free rotation inward. I am, however, satisfied that this was not the main obstacle, and it is one which could be overcome by flexing the forearm, and thus relaxing the tendon.—*The Dublin Quarterly Journal of Medical Science.*

MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF  
INDUSTRY.—NO. VI.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

*Erysipelas.*

CASE IX.—Honora P., inmate, was confined Dec. 13th, 1849. Dec. 28th, at night, great swelling of breasts. On following morning was found to have erysipelas of both breasts, and sloughing below each nipple.

Dec. 31st.—Pulse 124. Eruption extends from an inch below clavicles to two inches below mammæ and upon the right shoulder. Tongue dry and cracked. Throat very sore. To have sulphate of quinia two grains, every two hours. Warm water dressings.

Jan. 1st, 1850.—Eruption extended two inches below sternum. Above as yesterday. The sloughs separating. Skin cold. Subsultus tendinum. Pulse 120 and feeble. Dejections involuntary. Add to previous treatment five grains of carbonate of ammonia every hour.

2d.—Pulse 102 and indistinct. Respiration 48 and wiry. Sor-des on teeth. Picking bed-clothes. Great subsultus. Sloughs have all separated.

3d.—1, A.M., died.

X.—Infant of the last patient. Dec. 29th, at night, erysipelas first seen on hands.

30th.—Extended over whole surface.

31st.—Died at 7, A.M.

XI.—Daniel McC., 9 days old, nursing child; in same room with the two latter patients.

Dec. 31st, 1849.—Erysipelas is reported to have begun on left cheek, last night. Now pulse feeble, skin cool, tongue clean. Eruption extending, but confined to cheek. To have half-grain doses of sulphate of iron every three hours, in equal parts of simple syrup and mucilage of acacia.

Jan. 1st, 1850.—Eruption less strongly marked, but extends over the back of neck and in a band round the neck; also into the scalp. Skin cool. Continue medicine.

2d.—Whole face and body dusky red. Pulse very rapid and indistinct. Skin cold. Cannot retain medicine. To have an infusion of quassia ʒ ij., and bicarbonate of soda gr. ij., every two hours.

3d.—Eruption fading. Skin warm. Pulse fuller and stronger. Heart's action good. Eyes staring, and not particularly sensible to light.

4th.—Sank and died soon after midnight.

XII.—Patrick V., aged 22, was admitted a week ago for phthisis.

Dec. 30th, 1849.—Sinapisms to front of left chest, on account of pain.

10, A.M., 31st.—Erysipelas on lower edge of spot to which the



sinapism was applied. Not extensive. Skin cool. Complains of great pain. To have sulphate of iron gr. ij. every three hours.

Jan. 1st, 1850.—Pain continues. Pulse 128 and feeble. Skin cold and livid. No soreness of throat. Eruption does not extend.

2d.—Eruption disappearing.

3d.—Phthisical symptoms increasing. Erysipelas so far diminished as no longer to require treatment.

XIII.—Mrs. ———, English, intemperate. In hospital for ten days or more with hepatic disease. Has been taking opiates, enemata, and occasionally wine.

Jan. 2d, 1850, 9, A.M. Found her with erysipelatous eruption on forehead and upper part of face. Nurse reports delirium last night. Respiration labored. Pulse indistinct. Skin cold. Insensible. Died in course of the day.

XIV.—*Fistula in Ano*. G., 50 years old. In hospital for several months. On taking charge of the house, found him with several fistulae about nates, not deep, but communicating. These were laid open with relief.

Jan. 10th, 1850.—Two fistulous openings; one midway between tuberosity of right ischium and anus, one inch and a half deep. Communication with rectum not discovered, though probe can be felt directly upon the finger, in the anus. The second a little to the right of junction of the sacrum and coccyx, extending towards the other fistula, but entering rectum one inch and a half above anus. The two fistulae were laid open into each other and into the rectum, while the patient was under the influence of chloroform. He got comfortably on, till

13th.—Incisions open and discharging foetid pus. Erysipelas of both nates, four inches backward from anus, and two inches in every other direction. Pulse 96. No pain. Tongue moderately clean. To have sulphate of quinia, gr. two, every two hours, and beef-tea *ad lib*.

14th.—Less erythema. After four doses of quinia it was omitted on account of tinnitus, and afterwards given every three hours. 10, A.M.—Ears beginning again to ring.

15th.—Quinia has been discontinued and resumed several times.

17th.—Redness fast disappearing. For last twenty-four hours has had quinia once in four hours only.

25th.—Up and dressed. Feels well.

XV.—Edward H., about 40 years old. In male hospital when I took charge. Irish. Caries of both bones forming right elbow-joint. Came on in consequence of injury on rail road eight months before.

Jan. 13th, 1850.—Consented to have amputation. On examining, found skin tense, shining and doughy, and livid from wrist to scapula; passing down the axilla about two inches, and over about one half the scapula. Tongue dry, white, and cracked. No dejection for two days. Pulse 112, very feeble. No pain. Says the eruption began night before last. Passed a director into an open-

ing, which discharges pus, in front of joint, about midway between the condyles, two inches obliquely downward towards ulnar side of forearm, and laid the part open. Venous hæmorrhage. Arrested by the application of lint; but as the blood did not readily coagulate, and was much mixed with serosity, he lost in all rather less than  $\frac{3}{4}$  xx. Arm became decidedly blanched, but the erythematous appearance did not disappear. No faintness, though he was sitting up. Pulse not affected. A band of mercurial ointment was made about the edges of the eruption. To have two grains of sulphate of quinia and an ounce of Madeira wine every two hours; and beef-tea *ad libitum*.

14th.—Arm less swollen. Pulse 108. Erysipelas increasing above. Dress wound with chlorinated soda solution. Quinia does not affect his head. Continue treatment.

15th.—Skin cracked in many places. Pulse 108. No appetite. No dejection. Continue quinia, and give an ounce of castor oil.

16th.—Slight ringing of ears yesterday P.M. Quinia not omitted. Had two dejections, and did not take oil. Pulse 98. Continue quinia.

17th.—Became wild and talkative last evening. Pulse same. Mr. Shaw [Dr. B. S. Shaw] directed quinia to be discontinued. Slept somewhat last night.

At 5, A.M., it was found that he had cut his throat with a razor. The incision was from the line of the carotid on the left side to the same point on the right, ragged and uneven. Did not bleed very freely, and Mr. Shaw arrested it with lint and straps.

10½, A.M.—Found him confined to bed by strap. Perfectly indifferent as to result. Breath fœtid. Tongue dry, black and cracked. Sordes on teeth. Pulse 156, small and feeble. General dusky state of right upper extremity, which is swollen, discharging and fœtid. Larynx entirely bare. Wound gaped one inch and a half when the head and body were in the same plane. Trachea not wounded. Thyroid cartilage slightly notched, but not cut through. Arterial hæmorrhage from right lower part of wound, proceeding from a branch of the injured thyroid, which was found and tied. Five stitches were put into wound, and warm-water dressing applied.

18th, 11, A.M.—Died. Autopsy forbidden.

#### CASE OF HYPERTROPHY OF THE SPLEEN, SIMULATING ORGANIC DISEASE OF THE HEART.

BY JOHN B. C. GAZZO, LAFOURCHE, LA.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS consulted by Mr. Babin, on the 24th of May of this year, on account of palpitation and pain in the region of the heart, which had existed two years. It had been preceded by yellow fever some five or six months before. There was a sense of suffocation,



violent palpitation of, and most distressing feeling of weight about the heart, with acute pain. I had seen several similar cases previously, mostly males, which induced me to consider it somewhat epidemic in its character. He coughed frequently; but by inquiry into the case, and close examination of the thorax, both by mediate and immediate auscultation, I was induced to believe that there was no primary or periodical disease of either the heart or aorta. Further careful examination led to the discovery of hypertrophy of the spleen, and debility of the digestive organs, and the following remedies were prescribed:—R. *Massa hydrargyri*, pulv. aloes, āā gr. xij. ; subnitrate oxide bismuth, ℥ss. ; extract gentianæ, q. s. *Ut fiant pilulæ* xij. Three, four times a-day; and besides, a teaspoonful to be taken, two hours after meals, in a glass of cold camomile tea, of the following mixture:—R. *Tinct. ferri muratis*, ℥j. ; *spiritus ætheris nitrici*, ℥j. M. These medicines were taken, and gradually restored the digestive functions to a healthy state; and as this advanced, the palpitation, &c., abated, and finally, after one month, entirely ceased.

This is a case showing, in a strong light, the importance of the stethoscope. But since there was violent palpitation, none but an experienced ear could distinguish between palpitation from nervous irritation and organic disease of the chylopoietic viscera. We are reminded here of a number of cases reported by Morgagni, in which there were the strongest signs of organic disease of the heart or aorta, and which, on dissection, were found to be unattended with structural affection; and, vice versa, some cases in which, notwithstanding the symptoms were obscure and slight, much organic derangement was seen by post-mortem. I have seen several similar cases in my practice. I have also seen many other cases of palpitation of the heart; one which I recollect more particularly, in a person of bilious temperament, an overseer, of sedentary habits, a native of Boston, Mass., who had a most violent palpitation or beating, reaching down to the *scrobiculus cordis*, and which after some months yielded to a course of light cathartics and diaphoretics, followed by a ferruginous course of medicine. This affection was owing to sun-stroke, which the French pathologists name "*Coup de soleil, ou apoplexie du cœur*," and must have caused some imperfect closure of the right auricle, by which the blood was suffered to flow more or less backward, and thus give a strong pulsation to the blood in the *vena cava ascendens*. The pulsation could be distinctly felt at the pit of the stomach, and therefore must have produced a metastasis.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

MAY 28th.—*Movements resembling those of Chorea, occurring after suppression of the Menstrua.*—Dr. PERRY related the case. A lady, six weeks

married, passed over one menstrual period, and with the concurrence of her husband (a very young man) began to employ injections of cold water with a vaginal syringe. Several of these were used. In the evening of the same day, she had some spasmodic action in the feet and lower limbs, resembling chorea. Dr. P. directed that her feet be placed in warm water, and administered Dover's powder. In the night, the convulsive action proceeded upward, and she was unable to control her hands; subsequently her head became similarly affected, and she was unconscious; the pupils were contracted and the eyes suffused. Leeches were applied to the head and a cathartic was given; soon, the menstrual flow recurred, and the above symptoms went off in the inverse order of their access.

For several days she was unable to keep herself from starting when any sudden noise occurred—as the ringing of a door-bell, &c.

Although this case is unlike ordinary hysteria, Dr. P. said that it certainly partook of the nature of that affection.

JUNE 11th. *Remarkable Gun-shot Wound*.—Dr. J. MASON WARREN related the following case:—The patient, a man 35 years old, while shooting some years since (1847), on the river St. Croix, had his gun explode, the breech-pin flying off and producing a severe wound in the head. According to his own account the left eye-ball was blown out, the upper part of the socket destroyed so as to expose the brain, and an opening made in the back part of it, causing a communication with the nasal sinuses. His recovery was very slow, and he suffered much from pain in his head, dizziness, and other unpleasant symptoms. The nose was entirely stopped up, so that he was unable to breathe through it. At the end of rather more than a year, a firmness was felt on the hard palate, and something seemed to obstruct the posterior fauces. On examination, a screw was found projecting through the roof of the mouth, and an incision being made through that and the soft palate, the whole breech-pin with the screw attached to it was removed, having been buried for that length of time (eighteen months) in this situation, unsuspected.

(Dr. Warren exhibited a wooden model of the breech-pin, made by the patient himself, with the screw projecting from it at a right angle. It is three inches and a quarter long, and almost three inches in diameter. He also exhibited a drawing of the patient, executed by Dr. C. Ellery Stedman.)

The condition of this patient when he entered the Massachusetts General Hospital (Dec. 1, 1854), was as follows: there was a fissure in the palate; the left eye-ball was gone; the eye-lids, which were apparently uninjured, remained open; an aperture existed at the back part of the socket, allowing a free communication with the nose and mouth. The edge of the socket was irregular at the point where the bone had been destroyed and the brain exposed. He could not speak intelligibly without pressing his fingers into the socket so as to close the lids, and prevent the passage of air from the mouth; even then, on account of the fissure in the palate, it was not easy to understand him. Swallowing was difficult and required an upright position of the head in order to effect it.

The first indication seemed to be to obstruct the passage of air through the socket. To effect this, the patient being etherized, the tarsal cartilages were removed, the edges brought together by sutures, and collodion applied. Immediately after the operation the speech was much improved.

The following week, the fissure of the palate was operated on, and required much dissection, in order to bring the edges in contact, on account of the callus and the unyielding condition of the soft parts. This was,



however, finally effected, and the whole fissure closed. The first operation on the palate failed, from the unmanageable nature of the patient, who persisted in chewing tobacco and eating solid food. A repetition of it, however, with care on his part, was followed by complete success.

The eyelids united, with the exception of a small aperture at the inner angle, which resisted all attempts to close it, and gave issue to a thin discharge like the tears, apparently indicating the remains of a small portion of the lachrymal gland, although all that part of the orbit to which this is attached seemed to have been destroyed. The hole was finally reduced to the size of the head of a pin, and no air passed through it.

The patient left the Hospital on March 17th, 1855, well, his voice being in a great measure restored.

JUNE 11th. *Gun-shot Wound. Singular Escape of the Brain.*—Dr. BETHUNE was called about ten days since to a neighboring town to see a young man who, under the influence of a severe disappointment, put a pistol to his right temple, intending to kill himself, six days before Dr. B.'s visit. The ball, however, instead of passing through the brain, carried away the right eye-ball, then, going behind the upper part of the nose, passed out of the left orbit, carrying away about one third of the left eye. The symptoms have never been severe; some collapse for a day or two was followed by sufficient re-action, the globes are suppurating favorably, and there is every probability of his recovery.

[Writing on "Gun-shot Wounds of the Orbit," Mr. MACKENZIE (*Practical Treatise on Diseases of the Eye*) quotes a remarkable case of lodgement of the breech (*breech-pin*) of a gun within the cranium and deep into the cerebral substance. The case was treated by "Mr. Waldon of Great Torrington," and was "communicated by Mr. Abernethy to the Medical Society of London."—(*Op. cit. Amer. ed.*, p. 21.)

The patient was a lad 19 years of age, and the injury occurred by the bursting of his gun; the barrel remaining intact and the breech-pin being driven through the cranium "a little on the right side and above the frontal sinus," and a certain amount of cerebral substance exuding. One of the "screw-pins which fasten the lock to the stock" was extracted "on removing some part of the cataplasm of the first dressing" (much as happened in Dr. Warren's case), but the breech-pin itself remained for two months in the patient's brain, "with one end pointing to the occipital and the other to the frontal bone; and consequently must have extended nearly to the centre of the brain."—(p. 23, *loc. cit.*) The foreign body appeared, finally, "on the right side of the frontal bone, underneath the sound integuments and about two inches from the wound;" and on incision of the soft parts it was extracted, after some difficulty, by forceps and the fingers. It was three inches or more in length, and weighed three ounces and one drachm. The patient immediately became paralytic, and died three days afterwards "under complete subsultus tendinum." No post-mortem examination allowed. The similarity of this case to that related by Dr. Warren has induced us to append the above extract.—SECRETARY.]\*

JUNE 11th. *Disease of the Conjunctiva and Cornea simulating Pterygium.*—Dr. BETHUNE reported the case. Mary D., 30, was first seen June 5th. General appearance somewhat scrofulous, is subject to "worms," has occasional swelling of the feet and lately of the knees. Appetite good, bowels

\* Another case is given by Mr. Mackenzie in the last edition of his work.—A patient attended by Dr. Rogers had the breech-pin of a gun penetrate the orbit; it was extracted after twenty-seven days lodgement, the patient recovering, with the loss of the eye.

open, menstruation regular but profuse, usually lasting a week. Tongue generally coated as at the present time.

Was attacked in the right eye two years ago, with pain and redness; has been better and worse at intervals. On examination, left eye well, except slight injection; right eye generally somewhat injected at its inner half with large superficial vessels. These increase over the region of the inner rectus, where the conjunctiva is seen thickened up to the edge of the cornea. At this part the cornea is vascular, with fine, clear, grooved ulceration like the frill of a shirt. Below the cornea is also seen a fine sclerotic injection, with a few large, dilated subconjunctival vessels. This disease at first sight was taken for pteryx, but differs from it in the mode of termination at the cornea, not having the apex of that growth—and in the appearance of the cornea itself at the part involved in the disease. The diseased state of the sclerotic and subconjunctival cellular membrane below, also shows a general affection of the eye, of which this is evidently a part. On considering this, in connection with the derangement of her general health, it was determined to abstain from any attempt at removal by operation, for the present, and to try the effect of local applications and constitutional remedies. She was directed the use of blue pill in small doses, a blister to the temple, and a lotion of acetate of lead externally to the eye. Under this treatment the disease has already very considerably diminished in extent.

JUNE 11th. *Case of Tumor in the Thorax.*—May 24, 1855, W. V., æt. 15 years, male. Health generally good till April last, but he had been observed to be gradually becoming "somewhat round-shouldered," and from time named he had had a dry cough, frequent at night. Four weeks before Dr. Bowditch saw him, in consultation with the family physician, the patient had begun to have a swelling of the neck, not constant, and at times subsiding a good deal. With this there was also dysphagia. He had been able to walk about for a period of two weeks more. At that time he had to yield to the intense dyspnœa that had come on, and which increased even to orthopnœa, though with a partial diminution of the cough. His pulse had usually been quite rapid, 130. He had been unable to lie down at all for several nights before Dr. B. saw him. He had occasionally slept with his head leaning forward and supported on the back of a chair. When visited by Dr. B. he was sitting up, and though his mind was perfectly clear and calm, and active upon all the trivial subjects interesting to his age, he presented the aspect of one who was almost on the point of suffocation. His face was livid, his head thrown far back, so that the occiput rested on the spinal column, between the shoulders. This was his habitual position. His face was constantly and strongly turned upward, except that occasionally he laid his head forward upon the back of the chair which was placed always before him. The respiration was noisy, but evidently from an obstruction below the larynx, as there was no hoarseness and the voice was perfect. The tonsils, throat and epiglottis, examined carefully by sight and touch, presented no lesion. The thyroid gland and whole neck were, at times of great dyspnœa, of double their usual size, the tumidity subsiding rapidly with the return of comparatively easy breathing. His pulse was 128. Some slight pains were felt in the chest, and likewise a "shoulder-ache." Patient was able sometimes to walk about, and had been in the garden only a day or two before Dr. B. saw him. His appetite was good, and the digestion easy, but deglutition was difficult. During the three previous weeks, the patient had experienced paroxysms of excessive dyspnœa,



with lividity of skin, failure of pulse, and apparently all the symptoms of approaching death, but from which he had unexpectedly recovered.

The physical signs were perfect flatness and absence of respiratory murmur in the right breast. There was also a wheezing throughout both lungs, though less in the right than left. The disease had steadily grown worse. Leeches and many other remedies had been used. Calomel, gr. 1-2; ant. tart., gr. 1-8; digitalis, gr. 1-2, in a pill, three times daily. Under this course the pulse fell to 80 and 90, but no material improvement occurred, and death took place June 4th, at 11, A.M., patient having become comatose several hours previously.

*Autopsy* at 7½, A.M., June 5th.—The *right breast* was very prominent, and percussion dull. *Superficial veins* of chest very full, and whole skin had a petechial aspect. On raising the *sternum*, a firm tumor pressed upward beyond the level of the ribs, and occupied most of the space laid open by the incision. This tumor was hard, irregular, nodulated on its surface, and, on incision, presented a smooth aspect—some parts of it being of a yellow, tuberculous appearance, with firm bands of old white lymph traversing it, and a few small cavities containing pus. It was at least six inches long by two or three in depth and breadth. It was firmly attached to the right lung, but external to it. It had compressed, on the left side, the *pericardium*, the interior of which, in the parts adjacent, had lost its polish and had a congested, uneven surface. It had partially compressed the *aorta* at its arch, and more perfectly the *vena cava descendens*, less so the *ascending cava*. It had very much flattened the *trachea* and *right primary bronchus*, and it must likewise have compressed the *œsophagus*; all these canals were, however, healthy, except that the trachea was somewhat congested though not ulcerated. No tubercles in either lung. The left had a healthy pink hue, but lay in about a pint of sero-purulent fluid effused in the pleural cavity. The right, adherent to the tumor, was compressed and darker than usual, but not solidified. *Larynx* well; *vocal chords* well, unless, perhaps, the slightest superficial excoriation at their junction. The *abdomen*, cursorily examined, presented no unusual aspect.

Dr. B. regarded the case as interesting—1st, on account of the exact accordance of the symptoms and physical signs with the results found after death; and, 2d, from the nature of the tumor itself. Looked at with the naked eye, it seemed to him to be tuberculous. The results of a microscopic examination by Drs. H. J. Bigelow and B. S. Shaw, as will be observed, confirm this opinion.

Dr. J. B. S. JACKSON remarked that the tumor, in its gross aspect, appeared to be malignant in its nature, and not tuberculous.

Dr. HENRY J. BIGELOW said that was true, and that its appearance was that of encephaloid disease when looked at in the mass; the small portion, however, which he had had the opportunity of examining, microscopically, resembled tuberculous infiltration.

Dr. SHAW thought there were portions of the tumor resembling tubercle, whilst other parts were apparently encephaloid to the unassisted eye. Under the microscope he had detected no cancer cells, but the fragments examined were composed of tubercle-corpuscles or bodies which could not be distinguished from them. Cancer cells, however, when in process of decomposition or retrogradation, within the body, take on forms similar to tubercle, as has been remarked by Bennett and others; but in such cases, well-marked cancer cells are to be discovered somewhere in the deposit, and determine its nature. In this case, if the microscope were to settle the question, he should think the tumor was tubercle.

JUNE 11th. *Tuberculous Disease at the Base of the Lung*.—Reported by Dr. SHATTUCK. J. V. H., 55 years of age, entered the Massachusetts General Hospital April 21, 1855. He had been an invalid for several years, obliged to give up work occasionally; had cough, weakness, no hæmoptysis. He has been decidedly more ill since August, has worked only for a few weeks during the winter; cough, loss of flesh and strength. When first seen he was in bed, where he had been confined for a few days. Dyspnoea on walking or even on rising in bed, emaciation; present weight about 120 lbs. Face rather full and high colored, with a tendency to lividity, tongue coated, appetite small, pulse 114 while lying, increasing to 144 on rising in bed. Physical signs of chest nowhere strongly marked; bronchial respiration above the spine of left scapula.

May 1st.—On careful exploration of chest—prolonged expiration, sibilant and subcrepitant rale under left clavicle as low as 3d rib; respiration loud over both lower backs, free from rale; occasional sibilant rale in right supra-spinous fossa. Loss of appetite, emaciation and dyspnoea slowly increased. He became very weak, and consultation was invited on account of the dyspnoea. He died May 21st.

*Autopsy*, 27 hours after death, by Dr. Ellis. Surface of left *pleura* universally and strongly adherent. Limited adhesions of right side.

*Right lung*. Upper two inches of upper lobe crepitant and healthy; a little lower down, a small cavity lined with a smooth membrane. The rest of the lung mostly occupied by firm masses of opaque, dirty-white tubercles, with small portions of healthy tissue intervening. No softening.

*Left lung*. Much healthy tissue in upper three inches of upper lobe, though a few scattered tubercles were found there. The pulmonary tissue below was crowded with tubercles. No distinct cavity. A little pus in pleural cavity after laceration of the lung.

Right lung weighed two pounds three ounces. Weight of left lung 1 pound 12 ounces. Two small tuberculous deposits. Commencing ulceration in small intestine, ten feet from pylorus. Numerous small ulcers lower down, two of them in the cæcum. A deposit, through this tract, of matter resembling tubercle, but not unequivocally so under the microscope.

This case was taken with many details which are here omitted, and the post-mortem appearances of all the organs were fully recorded.

JUNE 11th. *Artificial Pupil*.—Dr. WILLIAMS exhibited to the Society a boy whose right eye was wounded by a blow from a stick, seven years previously, and whose left eye was subsequently lost from sympathetic inflammation. Previous to the operation, which was performed Dec. 1st, 1854, the pupil of the right eye was entirely closed, adhering to a large cicatrix at the upper part of the cornea. A new pupil was formed, nearly central in situation, and of about the average size of the natural pupil. An opacity was at this time observed behind the new aperture, which was then supposed to be a deposit of lymph on the anterior capsule of the lens, but which proved to be a remnant of the capsule itself, the lens having been entirely absorbed as a result of the original injury. No inflammation followed the operation; he was able to walk out on the third day, and returned to Maine a few days after, seeing, by the aid of cataract glasses, sufficiently well to do the ordinary work of a farm. On his return to the city, at the time of his presentation to the Society, his vision was tested by stronger glasses, for small objects; and he was able to distinguish the letters of common print, so clearly that he thought he could learn to read.

JUNE 11th.—*Paralysis supervening after Anæsthesia by Sulphuric Ether*.



—Dr. HOOKER, of East Cambridge, Associate member of the Society, reported the following case.

In the month of November, 1853, I administered sulphuric ether to a gentleman from the country, for the purpose of removing a fatty tumor from the back part of the left shoulder and neck. The tumor extended from a little above the spinous process of the scapula along the trapezius muscle upwards, to its insertion in the occiput. The tumor was wholly between the fascia covering the muscle and the skin, leaving but little adipose matter between the tumor and the skin. The tumor was confined wholly to the left side, not extending over the median line, and was from five to six inches in length, and from two to three inches in width. The operation and dressing did not occupy more than half an hour, and during that time about eight ounces of concentrated sulphuric ether were used. For only a short space of time was the patient completely narcotized. The operation was performed in the sitting posture, and but little blood was lost. Before the dressing was completed, a change came over him, resembling syncope, and he was removed to his bed. Free emesis then took place, and he soon rallied, but not to perfect consciousness. After a little delay, he was left for the night, apparently as comfortable as is usual after etherization.

The next morning he gave the following account of himself during the evening and night. As his consciousness returned, he found the same prickling and benumbed sensation in his limbs, that he felt creeping over him when he first began to inhale ether. This was alike on both sides of his body. It soon passed off from the left side, but did not from the right. During the night, he found that he could not move his right arm and right leg, that they were destitute of sensation, and that he had not been able to move himself from the position in bed in which we had placed him after the operation. In this condition I found him in the morning. Complete paralysis of the right side, excepting the nerves of the face, tongue and throat. He had retention of urine. The paralysis of the extremities continued for nearly a year, before he was able to use his limbs with any degree of freedom.

He was a man of 40 years, healthy, of abstemious habits—a rigid cold-water drinker; had never had any paralysis before, nor is there any predisposition to it in the family. He was of a taciturn character, but for two or three weeks after the operation he was very jocose, exhibiting a degree of levity entirely at variance with his usual turn of mind. He had taken a good deal of exercise in the early part of the day of the operation, and had eaten pretty freely of a boiled dinner, consisting of potatoes and squash, with a small amount of corned beef, as was shown by what he ejected from his stomach. It will be remembered that he did not vomit till after he was placed in bed, and after the syncope.

The interesting question now occurs, what was the cause of the paralysis? Was it the inhaling of ether, or was it from the loaded state of the stomach and the shock the system may have sustained from the operation? To the friends, I suggested that it might have arisen from the two latter causes, as ether had, to my knowledge, never been known to produce permanent paralysis. I must confess, however, that the suggestion was far from being satisfactory to myself, and I have thought the case worthy of being reported to the profession.

[Sulphuric ether has been so uniformly safe in its operation on the system by inhalation, that it seems very unlikely the paralysis in the above case was due to its action. Certainly, were such the tendency, even in an in-

frequent degree, we should have heard of cases, by this time, among the thousands in which it has been employed to produce anæsthesia. So far as published reports testify, there are, we believe, none such on record, nor can we learn of any on inquiry. Any other cause should be assigned, in our opinion, in preference to the ether.—SECRETARY.]

JUNE 11th.—*Disease of the petrous portion of the Temporal Bone—Abscess of the Liver—Gall-stone in the Hepatic Duct—Gall-bladder represented by a Diverticulum from the Hepatic Duct.*—The case occurred in the practice of Dr. Z. B. ADAMS, who furnished the materials for the following account, which was given to the Society by Dr. ELLIS.

The patient was a Scotch blacksmith, 48 years of age, of spare habit and sallow complexion. He was a hard-working man, and enjoyed good health except that, in common with other members of his family, he had been subject, during his whole life, to attacks of bilious vomiting, to which he was particularly exposed after eating fat. He was also frequently annoyed by severe headache, preceded by numbness of the hands. Three years before his death, he fell upon the ice, striking his back, and since that time, he had complained, when fatigued, of pain in the right side.

Dr. A. was first consulted on April 30th, for an ulcer upon one of the thumbs, which had followed an abscess caused by a bruise. Under proper treatment, this healed in a few days, but the appetite did not return, and he complained of debility, with restlessness at night. On May 9th, he became feverish, and was attacked with sharp pain in the right side, beneath the lower ribs, near the spine, excited by motion or a full inspiration. There was also tenderness on pressure, in the hepatic region. On examination of the chest, nothing abnormal was discovered. In a few days, pain was felt in the right shoulder, and shortly after in the region of the right kidney, and though relieved at a later period by the application of morphine to a blistered surface, it continued a prominent symptom throughout. Chills, which made their appearance soon after the pain, recurred frequently, followed by heat, the skin being dry and hot, or bathed in perspiration, the pain subsiding as the skin became moist. The mind was generally quite clear, but somnolence was once mentioned soon after the commencement of the disease, and at this time the pupils were less sensitive to light than usual; the tongue was not easily protruded, and there was some difficulty in swallowing. These symptoms, however, lasted but a few days, disappearing after the application of blisters behind the ears. The tongue, which was generally dry, and thinly coated, towards the close became "red, raw and fissured." The appetite, always diminished, was sometimes wanting; and nausea was occasionally mentioned, but thirst was only once reported. The bowels were generally costive, and the dejections not unnatural in appearance.

On May 28th, the skin and conjunctivæ were, for the first time, yellow, as was also the perspiration. The urine, which from the commencement had been high-colored, was now reported as containing bile. Two days before death, dulness on percussion was detected in the lower part of the right back, and respiration became inaudible there. The pulse, which during the preceding week had averaged 112, fell to 80, but, at the same time, became very feeble; the strength, which from the first had declined, continued to diminish; the yellowness of the skin persisted, and he died on June 8th.

*Autopsy*, 16 hours after death. But little cadaveric rigidity. Considerable emaciation. Quite a profuse discharge of yellow serum from the right ear.



*Brain* normal. More subarachnoid fluid than usual.

The petrous portion of the *temporal bone*, in the neighborhood of the tympanum and semi-circular canals, was quite soft, and a probe introduced at the opening made in the interior, passed out through the external meatus. Though no mention was made of a discharge of matter during his last illness, it was ascertained that it had existed for some time previous.

In the right *pleural cavity* was more than a quart of offensive, purulent serum, which had, by its compressing force, entirely expelled the air from the middle, and the inferior third of the lower, lobe of the right lung; other portions of the lung being crepitant and healthy. Upper lobe universally and firmly adherent; lower, united by soft, recent lymph to posterior and inner portion of diaphragm. Surface of pleura quite vascular. Left lung normal. Numerous ecchymoses on the pleural surfaces of this side.

About 3 jss. of yellow serum in the *pericardium*, which was everywhere covered with a thin, rough layer of yellow lymph, easily raised from the injected membrane below.

*Heart* somewhat soft and flaccid. A large yellow coagulum occupied the right cavities, and extended some distance into the pulmonary artery.

*Liver* friable and flaccid. Right half of its larger lobe of a blackish color, externally. Substance of the organ, generally, dull red, with yellowish-white points. In the right extremity was an abscess about three inches in diameter, containing a thin, dirty-brown, very offensive liquid. Its superior and inferior walls, formed by the remaining substance of the liver, averaged two or three lines in thickness, but at one point on the upper surface was an opening, one or two lines in diameter, with a yellow margin, and upon the corresponding part of the diaphragm a delicate ring of newly-formed tissue, showing the point where the contiguous surfaces had been united, thus preventing the effusion of the contents of the abscess into the peritoneal cavity. The irregular inner surface of the abscess was coated with a broken layer of dirty-white lymph. The tissue immediately beneath this, to the depth of a line, was of a black color, contrasting strongly with the bright-red portions of the substance beyond. On examining the under surface of the liver, no gall-bladder was seen, but near the transverse fissure was something resembling its fundus, lying beneath and almost concealed by the duodenum, which was firmly adherent at that point. This was found to be the extremity of a kind of diverticulum, nearly an inch in length, arising from the hepatic duct, from which the fore-finger could be freely passed into it. A communication was established between this cavity, and the duodenum, about midway, just below the pylorus, by means of an opening a line in diameter. The surface of that part of the liver usually occupied by the gall-bladder was perfectly smooth. Lying in that portion of the hepatic duct from which the above appendage originated, was an oval gall-stone two inches in length and eight or ten lines in thickness, of a dark-brown color, but coated externally with a soft, bright-yellow layer of biliary matter. That part of the duct which had served as a resting place for the calculus, though rough, was nowhere ulcerated. Immediately above, dilatation had taken place; below, the passage opened, as usual, into the duodenum. The ducts within the substance of the liver contained a number of dark-brown calculi, as large as mustard seeds, and considerable yellow, inspissated biliary matter, which also escaped from the two openings into the intestine.

*Spleen*, of full size and quite friable.

*Kidneys*, flabby and of large size—the right being six, the left five inches in length. Cortical substance quite pale and fatty.

The *stomach* contained a large quantity of dark, olive-colored liquid. Mucous membrane reddened in some parts, but not otherwise remarkable.

The contents of the *intestines* were nearly or quite normal above the cœcum, where they became somewhat granular.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, OCTOBER 11, 1855.

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### PUBLIC URINALS AND THE CITY GOVERNMENT.

WE alluded, in a late number, to the want of privies and urinals, so situated that the inhabitants of our crowded streets might avail themselves of them, instead of converting our highways into receptacles of filth, and endangering public morals, as well as health and comfort. We take great pleasure in stating that it is from no lack of effort on the part of the City Government that these abuses exist in Boston. Soon after the present Mayor (the senior editor of this Journal) came into office, two excellent urinals, after the Paris plan, were constructed, and orders given to locate them in convenient places; but no abuttor would consent to have one placed before his premises. Next, the Superintendent of Internal Health was directed to erect one on the southerly side of the way from Tremont Street to Pemberton Square—where there is a perpetual nuisance from a rivulet of urine; but the way being private property, consent could not be gained, and that locality was reluctantly abandoned.

At various points on Washington street, and other places where the mass of human beings demand some kind of convenience of the sort, no one would tolerate an iron urinal. In a word, the assurances were so strong and determined, that if erected, no police-watching could protect it, that the mayor was compelled to relinquish the enterprise, and the urinals are dead property on hand. Under these circumstances, it would be impossible to keep one standing a single week. But if this could be done, the owners of estates would prosecute the city for establishing what they would please to denominate a nuisance, and if carried to one of the higher courts, a jury, with the usual manner of rendering verdicts, when the city is a party in interest, would unquestionably overthrow the urinals.

It is in vain to hope for any improvement in this department of public hygiene, so long as our citizens remain in such a state of apathy on the subject. If the abuttors prefer to have streams of urine running over their sidewalks in place of a not inelegant structure, which would free them from such a nuisance, we can only lament their want of taste, and wait patiently for times of greater enlightenment. In the mean time we would suggest that if a few corners could be found on land belonging to the city, and so situated that urinals might be erected without offending the fastidious taste of our enlightened citizens, some provision might possibly be made for the accommodation of the public.

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### MASSACHUSETTS MEDICAL SOCIETY.

THE Councillors held their stated meeting in this city on Wednesday, 3d inst. There was quite a full meeting. The subject most prominently before them was the alteration of the By-laws, alluded to in our last number. Dr. King, of Taunton, after some remarks in objection to the "proposed



amendments," offered a substitute therefor, by which each District Society should annually elect a commissioner, the whole number elected by all the District Societies to form a body for the hearing and trial of all charges against members, &c. Several suggestions were offered by other Councilors. After free discussion, the whole matter was referred to a Committee, to report at the meeting in February next. The Committee consists of the following gentlemen:—Drs. Jacob Bigelow, Boston; Dan King, Taunton; Edward Jarvis, Dorchester; A. A. Gould, Boston; and John C. Dalton, Lowell.

For a Prize Committee for 1856, the following gentlemen were appointed:—Drs. S. D. Townsend, A. A. Gould, S. Cabot, C. E. Ware, and B. E. Cotting.

The Treasurer announced that he had received the sum of *one hundred dollars* from a member of the Society, for a prize for 1857, on conditions similar to those of 1856—on the following theme:—"We would regard every approach towards the rational and successful prevention and management of disease, without the necessity of drugs, to be an advance in favor of humanity and scientific medicine."

A Committee was appointed, with full powers to procure other accommodations, in case the room now occupied should be required by its owners for other purposes.

After the transaction of some other matters of business, of minor importance, the meeting adjourned.

#### DISLOCATIONS OF THE HIP.

THE description of a method of reducing dislocations of the hip, in our report of the proceedings of the Society for Medical Observation, given in the last number of the Journal, not being quite complete, we subjoin the following directions, which we obtained from Dr. Cabot:—Flex the leg upon the thigh, then bring the knee against the sternum; grasping firmly the knee and trochanter (the foot being steadied by an assistant), carry the knee outwards, when the bone slips into its place.

This method was first invented and employed by Dr. Nathan Smith, of New Haven, Conn., many years ago, and had been since used by the late Dr. Parkman, and, Dr. Cabot thinks, by some other surgeons of Boston.

Twenty-one physicians had died of the yellow fever in Norfolk and Portsmouth, Va., up to the first inst., and four died elsewhere, after taking the fever in the infected districts.

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*Books received.*—Hoblyn's Medical Dictionary: Edited by Isaac Hays, M.D.—Beasley's Prescription Book. Lindsay & Blakiston.—Transactions of the Belmont Medical Society, for 1854–5. Bridgeport, Ohio, 1855.—American Veterinary Journal: By G. H. Dadd, M.D. Vol. I., No. 1.

*Communications.*—Case of Glossitis.—Impregnation, the Ovaria being in a scirrhus state.—The contagion of Prurigo.—On Uterine Pains and Hemorrhage after Delivery. (Second Part.)

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*Deaths in Boston* for the week ending Saturday noon, Oct. 6th, 77. Males. 38—females, 39. Accident, 1—inflammation of the bowels, 3—inflammation of the brain, 1—congestion of the brain, 4—consumption, 11—convulsions, 3—cholera infantum, 12—dysentery, 2—dropsy in the head, 1—debility, 2—infantile diseases, 15—typhoid fever, 1—scarlet fever, 1—hooping cough, 2—disease of the heart, 3—intemperance, 1—inflammation of the lungs, 2—disease of the liver, 1—marasmus, 3—measles, 1—palsy, 1—pleurisy, 1—smallpox, 1—teething, 2—thrush, 1—unknown, 1.

Under 5 years, 55—between 5 and 20 years, 2—between 20 and 40 years, 13—between 40 and 60 years, 5—above 60 years, 2. Born in the United States, 64—Ireland, 11—Germany, 1—British Provinces, 1.

*Physicians.*—The editor of the American Medical Gazette estimates that one physician is required for every 700 inhabitants. This would give over 30,000 in the nation. It is probable that the average life of a physician is not over thirty years, after he enters his profession. Hence it follows by computation, that the waste, by deaths alone, is one thousand physicians a year. But more are lost by change of business than by death; and this loss might be estimated, without exaggeration, at 300. We have, then, an actual loss of 1,300 physicians annually, which must be made up. Again, the increase of population in the United States, is about 700,000 a year, which it requires an increase of 1,000 physicians to supply. There are, therefore, actually required *twenty-three hundred* new physicians in the United States, yearly. To meet this, we have only 1,400 graduates from the schools, and about 300 foreigners, making in all 1,700, and leaving an actual deficiency of 600 a year, to be supplied by irregular practitioners.

In the Western Lancet, we find an account of the case of a gentleman who, while eating his dinner, disengaged and swallowed a gold dental plate, having a clasp on the left side. The plate supported a full set of heavy incisors for the upper jaw, four in number. The patient took cathartic pills, without effect; but in two days and eighteen hours from the date of the accident, he passed the plate per anum, with but little pain, surrounded and impacted in a mass of hardened feces.

*What we Eat—How Adulterated.*—The Times, after a long report of Mr. Scholesfield's Committee, says:—"As to Turkey rhubarb, one of the witnesses enlightens us by saying, 'One manufacturer at Banbury, near Oxford, produces twenty tons of rhubarb per annum; it is inferior to Turkey rhubarb, as fetching 4d. a pound, while Turkey is 11s. 6d.; China rhubarb, 7s. 6d. Cod-liver oil is immensely adulterated; only 5 per cent. of genuine cod-liver oil will answer all the usual chemical tests. Mustard has 30 per cent. of lime or chalk as adulteration; chloroform undergoes decomposition, but is not much adulterated; quinine is very much adulterated with starch and manna.' Another witness stated he had found crystals of alum in English bread the size of peas, the 4lb. loaf often containing 500 grains. German yeast is said to be the source of the furunculoid epidemic, or epidemic of boils, in England. Ordinary so-called 'chemists' know nothing whatever of chemistry; they, of course, could not or did not wish to know anything of adulterations." The Times also gives a long description of Dr. Hassall's evidence, too copious for extraction. The chief articles poisoned with lead and copper were, yellow sweets for children with chromate of lead, and pickles with verdigris.—*Dublin Med. Press.*

*Rupture of Ganglions by Pressure.*—To break what is commonly called a ganglion, and thus disperse the tumor which is often disfiguring the wrist, and about which we are often consulted, it is only necessary to flex the wrist so as to make the skin tense; then let the surgeon seize the hand with both of his, and place both thumbs, one above the other, on the ganglion. It is rarely that such pressure does not succeed in its object, whereas the usual way of placing the thumbs side by side, by the law of the diffusion of presence in fluids, the two counteract each other, and there is great loss of force.—*Ib.*

*Vomiting during Pregnancy.*—The tincture of nux vomica, in doses of four drops every two hours, is recommended on the very highest authority as an efficient remedy in the distressing and often obstinate vomiting which sometimes occurs in the earlier months of pregnancy. It is worthy of a trial.—*St. Louis Medical Journal.*

*Treatment of Dysentery with Creosote.*—The sedative influence of creosote has been appealed to by Dr. Wilmot, in the treatment of dysentery, with good results. He recommends this remedy in an enema of one drachm to twelve ounces of starch, and, if we are to rely on his statements, there is something valuable in his suggestions.—*North-Western Med. and Surgical Journal.*

*Bronchitis—Chronic.*—The use of hydrochlorate of ammonia, in doses of 15 or 20 grs., is highly spoken of by Dr. Delvaux, as a remedial agent in bronchitis.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## CASE OF GLOSSITIS.

Read before the Boston Society for Medical Observation, September 17th, 1855, by CHARLES D. HOMANS, M.D.

KATY SHEEN, 8½ years old, the child of decent Irish parents, had always been healthy previous to the attack for which she came under my care, June 5th, 1853. On May 31st, her mother had noticed for the first time several white spots on the tongue, the child at the same time complaining of soreness of the mouth. There was also swelling of parotid and submaxillary glands of each side. On June 3d the tongue began to swell, and since then, had steadily increased in size, attended by a constant flow of saliva from the mouth. A physician was called at this time, who prescribed Dover's powder and syrup of tolu, internally, with iodine ointment externally.

On examination of the child, the parotid and submaxillary glands on each side were found much swollen and very tender. The tongue was greatly enlarged, so that the patient could not entirely close the mouth; it projected considerably over the lower teeth, the upper teeth being in a measure imbedded in its substance. There were several ulcerations on the apex of the tongue, covered with a whitish exudation; on the posterior portion, the whole surface was covered with a dirty white coat. The saliva was continually flowing from the mouth, which was kept open by the state of the tongue. Great difficulty in swallowing; pulse 120; skin hot; no appetite; much thirst. R. Spir. eth. nitr., ℥ ij. Twenty drops in water, once in three hours. R. Aluminis, ʒ j.; aquæ, ℥ iv. M. as a gargle. Food to consist of arrowroot, gruel, &c.

June 6th.—Patient had passed a restless night, owing to pain beneath lower jaw, and the uncomfortable state of the mouth. The tongue was more swollen, projecting in front of the lower teeth at least two fingers' breadth, the teeth of the upper jaw being entirely imbedded in its substance. No motion in lower jaw. Tip of tongue cleaner than the day before. Pulse 120—rather weak. No appetite; no dejection. There was in the morning, early, considerable hemorrhage from left side of mouth, several small clots being still in the basin. Saliva flowing as before. R. Castor oil. Inject the alum water over surface of tongue by means of a small syringe. Broth. Beef-tea.

June 7.—Tongue so much swollen as almost to prevent swallowing, so that the child has taken but little nourishment. No more hemorrhage. Pulse more feeble. Otherwise as before. One dejection from oil. Gave, with the broth, two ounces of wine in the course of twenty-four hours.

8th.—Tongue as before, save that it was entirely clean at tip and as far as could be seen. On injecting the alum water in the morning, a mass of whitish, lymph-looking matter was discharged from mouth. No hemorrhage. Wine has caused no trouble. Pulse a little better. Saliva still flowing continually from the mouth.

9th.—Tongue much less swollen, particularly at tip. The base and the roof of the mouth were covered with an exudation similar to that discharged June 8th, and extending from the one to the other of these surfaces, like the soft adhesions of the lungs to the pleura in recent pleurisy. Flow of saliva as before. Appetite improved. Thirst less. No dejection. Enema.

On a microscopic examination of the mass discharged June 8th, by Dr. B. S. Shaw and myself, numerous irregular fibres, with considerable fat and globules of lymph, were seen.

11th.—Swelling lessening. The child was able to speak a word or two for the first time on the 10th, though with pain. Flow of saliva less. Base of tongue still covered with the exudation described above, a considerable quantity coming away after each injection of the alum water. Appetite improving, though the child had still excessive pain on swallowing, extending from back part of the mouth through the ears. On examining the throat, the tonsils and uvula were found much enlarged and reddened.

13th.—Improving. Swelling of tongue diminished, though still considerable. The centre, tip and edges were very red, but not ulcerated. On each side of the central line was some of the same secretion formerly noticed. Tonsils smaller than at last visit, with some slight ulcerations. Slight discharge of blood in night. Was able to speak better, though her voice sounded as if she had something in her mouth. Submaxillary glands still much swollen. Pulse 96, good. One dejection. Appetite good. Vegetables and a piece of meat, if able to swallow.

16th.—Much improved. Tonsils less swollen. Tongue reduced nearly to natural size. Still some of the lymph on each side of the central line, elsewhere the organ being very red. Swallowed with more ease, though still nothing but liquids and porridge. Saliva still flowing from mouth, though in less quantity than before. The glands under the jaw were still somewhat swollen, though the tenderness was lessened. Patient was discharged, with directions to keep on with the treatment till all the symptoms had disappeared. She was seen a fortnight afterwards, in a perfectly good state of health.



## IS PRURIGO CONTAGIOUS?

BY WM. W. GREENE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ALTHOUGH the contagion of prurigo is not admitted by any of our authors on cutaneous pathology, nor by any practitioner so far as I know, yet an amount of evidence has occurred during the past year, under my own observation, which is, to say the least, difficult to reconcile with the commonly-received opinions respecting this disease.

About one year ago, a little girl in this neighborhood had a troublesome humor, which, although I did not see it, yet from the history given by the friends, was, no doubt, prurigo. During the autumn two other little girls, from another family, slept with her several nights, and in a short time these were attacked with prurigo. In a few weeks four other members of the family were attacked. A young lady who came into the family, perfectly free from any cutaneous disease, was attacked in a short time. An uncle of the children in the last named family made one of them an especial favorite, was much in the house and fondling his afflicted pet. In a few weeks he was attacked by the same disease; and subsequently several members of his household were subjects of the same malady. A young lady, living in one of the families mentioned, went, while suffering from the disease, to reside with some friends out of town, and in a short time two of her friends, with whom she had slept, had the disease.

In the diagnosis of the affection there can have been no mistake. Several of the patients had been subjected to thorough treatment for *scabies* before I saw them, with no avail. Several medical gentlemen, besides myself, saw the disease, all agreeing as to its nature. The papular character of the eruption, its location on the outside of the limbs and back, the *intense* pruritus, the absence of vesicles or any appearance of acari, were sufficient to establish its character. The internal exhibition of alkalies, external alkaline baths, and the application of zinc ointment, readily effected a cure.

The above facts seem to me to depend upon something more than a mere coincidence. They are at any rate sufficient to prompt a careful attention to this subject.

*North Waterford, Me., October, 1855.*

## SCIRRHUS OF THE OVARIA AND UTERUS, ACCOMPANIED WITH IMPREGNATION.

BY FREDERICK ROBIE, M.D., WALDOBORO', ME.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following unusual and interesting case occurring in my practice, may be of some value to the members of

the medical profession; and, at the suggestion of some of my brother physicians, I have prepared the following paper for the Journal, subject to your approval.

Mrs. S——, of Waldoboro', Me., aged 44, of full powers of life, slender frame, sallow countenance, and of nervous temperament, was first introduced to my notice for medical advice in the latter part of June. She had been married several years, and although circumstances upon which impregnation depends might seem favorable for such a result, still nothing of the kind took place, and menstruation continued till February last, when it ceased altogether. Her bodily form and contour now began to change, and the abdomen became more and more enlarged. She considered herself *enceinte*, and the symptoms and appearances were of such a character as to preclude, to a casual observation, a different opinion.

In the latter part of June, Dr. Bliss and myself were called to consult upon the case. The patient appeared large and full over the whole of the abdomen. The constitutional powers were much reduced, great irritability of the stomach existed, and as she was experiencing violent pain and unnatural tenderness in the left hypochondriac region, a careful examination seemed requisite. This examination brought to light a state of things which had been studiously concealed, and entirely overlooked on account of the supposed condition of the patient. A tumor of enormous dimensions was discovered lying just beneath the abdominal walls, extending from the coccygeal region to the right hypochondriac region, occupying the whole anterior space to the right of the linea alba, and particularly prominent in the right umbilical region. The left margin of the tumor could be traced along, nearly in the line of the linea alba, whence it receded posteriorly. Another tumor, of a smaller size, lay on the left side, overlapped in a measure by that on the right side. The left-hand tumor was first noticed in its incipency, four years ago, and one of the most experienced and valuable members of the medical profession was called in consultation; I need only mention the name of Prof. McKeen, of Topsham.

A careful examination and reflection seemed to favor the following diagnosis:—that there were two ovarian tumors; but as there was no fluctuation, the nature of their contents was a matter of doubt and speculation. The examination was necessarily obstructed and obscure; the existing disease and collateral circumstances seemed to preclude the idea of pregnancy. Cooling and anodyne applications were made externally, and the occasional administering of a pill of cicuta and opium answered the purpose of allaying a frequent exacerbation of fever and irritation arising from the unnatural condition of the abdominal cavity. From June until nearly the middle of September the patient at times seemed better, and was able to be about; but the tumors steadily increased in size, particularly the one on the left side, in which there was evidently fluctuation, while the other was firm and unyielding, except in one



point. At times it seemed desirable to puncture, at least it would render certain an obscure diagnosis ; but from the uncertainty of the result, the idea was abandoned. In due time, notwithstanding the palliative remedies which physicians and friends directed for the comfort and the prolongation of her life, the powers of existence yielded to the demands of a disease, with which fatality is a necessity.

Through the kindness of friends, an autopsy was allowed, science benefited, and obscurity removed. Present at the autopsy, Drs. Bliss and Cole of Waldoboro', and myself. The body was extremely emaciated, and the general external appearances the same as above described. Crucial incisions were made through the parietes of the abdomen, and the contents were thus freely exposed. In front, directly posterior to the parietes, lay the cause of the unequal protrusion, apparently two large tumors, entirely concealing all the abdominal viscera, except a small portion of the colon, which lay over and upon the superior portion. These tumors were connected by strong adhesive bands to the inner parietes of the abdomen, in innumerable points, stronger, and of more consistence in those parts near which the patient had often complained of such intense pain. The first appearance of this morbid growth was a well-defined mass, of smooth and shining exterior, tuberos, and of a dense and unyielding structure. The right portion was separated from the left by a fissure, both portions having a common connection with the uterus. The right tumor extended far into the right hypochondriac region, interfering with the healthy function of the liver, and crowding upon the free action of the lungs. The tumor was particularly prominent in the umbilical region, and extended far down into the hollow of the sacrum ; a subsequent examination showed this to be a diseased ovary. This overlapped the second tumor on the right side, which appeared to be the largest. There were a few points where a small quantity of fluid matter had escaped from the tumor, and flowed into the abdominal cavity. The whole mass was removed, and found to weigh seventeen and three fourths pounds.

The tumor on the left side proceeded from the fundus of the uterus, and contained a dirty-looking fluid, much resembling common soft soap. There was about a quart of this fluid, and a large quantity of matter of an encephaloid aspect. The tumor was of a dense consistence, the exterior as hard as cartilage, the interior of various consistence, uniting the cartilaginous, fleshy and fatty tissue, which in a few points had been converted into fluid, and encephaloid substance. In front of the uterus was a small tumor ; posteriorly, also, there was another of about the size of a coffee-cup, extending far down into the coccygeal region. There still remained the central mass, from which, on incision, a large quantity of liquor amnii escaped, and in the cavity thus opened (this portion proving to be the body of the uterus) lay a well-developed female fœtus, perfect in shape, of about six months' growth, bearing evi-

dence of perfect nutrition. On cutting the umbilical cord, a small quantity of blood exuded, and the supposition is, that the life of the fœtus terminated with that of the mother. The walls of the uterus were studded with tubercular deposits, and the inner surface was easily broken down by slight pressure, in most of its parts. The left Fallopian tube and ovary seemed to partake of the general disease, but probably of more recent date. Indeed, the whole generative apparatus seemed contaminated with a scirrhus diathesis.

The history of this case seems to substantiate the following facts : That fecundation can take place while one ovary performs its office, even although extensive disease exists all around it, and has its iron hold upon the most important generative organs. That fecundation, instead of retarding, rather develops the growth of scirrhus tumors. That the growth and development of fœtal life seem to depend more upon the child's inherent vitality and power, than upon remote causes, particularly those connected with the healthy condition of the uterus and its appendages. Finally, that physicians may be led into erroneous opinions, unless cases, like the above, are offered for medical research, and for public medical reading.

October, 1855.

#### ON UTERINE PAINS AND HEMORRHAGE AFTER DELIVERY.

Translated from the French of Dr. Liegard, of Caen, Corresponding Member of the Medico-Chirurgical Society of Bruges, by W. OWEN BROWN, M.D., of Providence, R. I.

THERE is a form of suffering to which newly-confined women are usually exposed, denominated *uterine pains*. These pains are regarded by physiologists and accoucheurs as natural and necessary ; and for their relief, as we have before said, a few insignificant remedies only, of which the experience of each day shows the inefficacy, are mentioned by authors. But if in most cases these pains are moderate, and, if we may be allowed the expression, confined within physiological limits, it is not so with a great number of women, especially those who are of a feeble constitution, and have already borne many children. It is unhappily only too common to see, in these cases, the pains prolonged for several days, with great violence, and the patient left enfeebled and exhausted at the approach of the milk fever, which is thus rendered more troublesome and grave.

All accoucheurs have remarked that primiparæ suffer much less from these pains than others ; it has even passed into a proverb with matrons that it is necessary to have them either *before* or *after* delivery ; for, say they, women suffer much more before their first confinement, than before the succeeding ones, and for this reason

\* The former part of this paper, relating to uterine hemorrhage, was published in the *Journal* of September 13th.



their sufferings are shorter after it ; beautiful explanation, which explains nothing at all.

Accoucheurs and physiologists have assigned, as the principal cause of these pains, the obstruction offered by the contraction of the neck of the uterus to the escape of clots. But why are we to suppose this to offer more obstruction after the third or fourth labor than after the first ? Observation and reason, on the contrary, demonstrate that the obstruction ought to be less considerable, in proportion as the uterine neck has been often relaxed and distended by the escape of the fœtus. Some obstetricians have admitted a want of contraction in the uterine fibres ; but they have deduced no consequences from these premises ; they have not indicated any means by which they have been able to restore to these relaxed fibres their energy and contractility, so much have they been accustomed to regard these pains as natural and necessary. However this may be, this last explanation is perfectly conformable to sound physiology and experience.

Why then do primiparæ experience, after the expulsion of the placenta, so much less severe pain, and particularly of so much shorter duration ? It is because the walls of the uterus have as yet been distended only by a single gestation, and possess much more energy than when, after many parturitions, they have lost their tonicity and contractility, they contract firmly upon themselves, and the uterus easily discharges itself and expels from its cavity the blood *before it has time even to collect there and form coagula*. But in succeeding confinements, and particularly in women of a lymphatic temperament and feeble constitution, and especially in those confined with twins (which goes far to establish our theory that the uterine fibres possess but very feeble contractility), the blood accumulates in the womb, and there forms clots, which are expelled slowly and painfully, with violent and persistent uterine contractions. If, therefore, the surgeon had at his command means sufficiently powerful to restore to the body of the enfeebled uterus its energy and its contractility, it would certainly spare the woman those long pains which cause her so much bitterness, at a moment which should be so grateful to her. But these means are precisely the same as I pointed out in the first part of this memoir, and which succeeded perfectly, and always, as we have seen, when it was wished to prevent a *perilous loss of blood after confinement*—I mean the ergot of rye, given *immediately before* the expulsion of the child, and *cold injections into the umbilical vein in order to effect the detachment of the placenta*.

The causes which produce hemorrhage after accouchement, are also those which predispose to the persistence of *uterine pains* ; and it would seem that *a priori* we should advise recourse to the same successful mode of treatment. I may state, however, that observation alone has conducted me to this valuable discovery, and that I made it in pursuing my observations upon the means of guarding against these hemorrhages. The first observation is, therefore, re-

lative to a woman evidently threatened with grave hemorrhage after accouchement.

CASE I.—April 11th, 1847, at 5, P.M., I was called to a woman who had been having labor pains about three hours. She was at the term of her ninth pregnancy. She told me that all her labors had been very easy and fortunate, but that all, and *especially the last*, had been followed immediately by a considerable loss of blood, and by violent pains lasting for two or three days, with the expulsion of clots of blood, which had extremely fatigued her and left her feeble for more than a month after. The waters began to flow early in the evening. It was a head presentation with the occiput in advance; the neck of the womb was entirely dilated; the pains, though feeble, recurred every three minutes, and made the perineal tumor very prominent. Everything, therefore, announced that the labor would soon terminate. However, an hour after, things remained in the same state. I administered one gramme and a half of ergot of rye (about 25 grains). The pains became more energetic a quarter of an hour after, and at 7 o'clock the head was at the point of passing the vulva. I repeated the dose of ergot; and some minutes after, the child, strong and well formed, was expelled. The uterus remained sensibly contracted upon the placenta, but no pains were at first experienced. It was not until half an hour had elapsed, that some slight alternating contractions became manifest. Traction upon the cord was, however, made, without result. I then injected some cold water into the umbilical vein, and almost immediately a cold sensation was experienced in the uterus, which contracted strongly, and, two minutes after, slight traction upon the cord brought away the placenta without resistance. The womb maintained a state of *continued* contraction, for at least half an hour, and then moderate expulsive efforts, scarcely painful, began to be experienced at long intervals, denoting the escape of a little blood; no clots were expelled. She passed a comfortable night. The following morning the skin was moist; the sanguineous lochia were less abundant, and already a little serous. The mother nursed her child during the day, and eat two soups. *The uterine pains were insignificant.* The patient rose on the seventh day.

I was impressed, in this case, with the mild character of the uterine pains, and their short continuance; the woman herself was surprised. After having reflected, therefore, deliberately upon all the circumstances of the case, and after having re-called other similar examples in which the same means had been followed by the same results, I came to the resolution, for the future, to excite uterine contractions not only in order to *avoid dangerous hemorrhage after the escape of the placenta*, but also to *prevent, or greatly to diminish, uterine pains*. It has been remarked, as I said above, that a twin birth was followed by longer-continued and more severe pains, but no one has sought, as far as we know, to explain the cause. Dr. Windrif reported, in the *Medico-Chirurgical Journal*



for Dec., 1849, a very interesting case of superfœtation. It occurred to a lady who was confined on the same day of two children, one of which was at term, the other at 7 months, and he added, "though this was a first confinement, the mother had very strong pains, which continued for fifteen hours after delivery, with the expulsion of clots and abundant lochia." Thus this author confirms two things—1st, longer-continued and more severe uterine pains, after twins; 2d, that the ordinary pains attending a first confinement are less persistent than those attending succeeding ones. He evidently recognized, by the astonishment which it caused him, the prolongation of these pains, but he did not attempt to account for the phenomenon.

CASE II.—At the end of November, 1847, Mrs. D—— was delivered naturally, after a labor of fifteen hours, of a strong, well-formed boy. The uterus afterwards remained very distinctly developed, and evidently contained a second fœtus, but the uterine contractions were suspended for twelve hours. Then, after a renewed labor of three hours, a second bag of waters became very prominent and was opened, and soon a fœtus was expelled. It bore all the signs of death dating several days prior to the birth. This lady informed us that eight days previous to her confinement she had met with a fall from her stairway, in which the right side of the abdomen had been violently struck. Thus during all this time the uterus was able to contain a healthy, well-formed child, and one for several days dead. It only concerns us to state here, that the uterine pains presented a persistence and a violence very extraordinary. They ceased only on the third day, despite the application of emollients and narcotics, employed perseveringly and in large doses. This was the third labor with this woman. The pains in other cases, where there has been but one child, had seldom persisted more than twelve or fifteen hours.

CASE III.—April 16th, 1847, at 9, P.M., I was called to a woman who had been having labor pains for several hours. For the last half hour they had been very severe, and the labor was near terminating. In short, hardly twenty minutes after my arrival, I received a very strong child, which immediately began to cry sharply. This was the seventh time I had assisted this woman upon similar occasions, and I knew that the placenta always detached itself slowly and with difficulty, because of the feeble uterine contractions, and that its extraction was followed by a considerable loss of blood, and by very severe and prolonged pains. In the two last accouchements, particularly, the pains had continued for three days and three nights, during which time she had been unable to obtain either quiet or sleep. Twenty-five minutes after the escape of the child, some slight pains began to be felt. I made feeble traction upon the cord; the placenta was adherent, and I at once desisted, and immediately threw a cold injection into the umbilical vein. A sensation of coldness manifested itself in the uterus, and almost immediately this organ began to contract. The con-

tractions gradually increased, and the placenta was expelled by the aid of slight traction. Afterwards there escaped some spoonful of red, fluid blood. The womb remained contracted, without pain, and under the influence of this prolonged but not painful contraction, its volume gradually diminished, and sleep was refreshing. Only a few very distant pains were perceived, towards morning, and they disappeared entirely in the course of the day. This woman nursed her child; she was up, on the fifth day, 21st April, and her health and strength were immediately re-established.

In this case we have at once a double success; both the absence of hemorrhage and of uterine pains, the occurrence of which the experience of her former labors would almost certainly indicate.

CASE IV.—Mrs. E. D., aged 35, of a sanguine, lymphatic temperament, and a good constitution, had borne four children. I attended her in her two last confinements, and in both instances the uterine pains following were violent and were prolonged for two or three days, so that the patient expressed her sufferings as being greater subsequent to, than preceding, her confinement. At the last, particularly, the pains continued through two days and nights, so as entirely to deprive her of sleep. In the month of January, 1848, some years after her fourth confinement, she found herself at the term of her fifth pregnancy. In the night of the 20th or 21st, after one feeble uterine pain, the membranes ruptured, and the waters flowed abundantly; this was succeeded by a long repose. At 6 o'clock the contractions became very energetic and regular, and at 8 o'clock a strong girl was born naturally, and without the least accident. Ten minutes after, a slight contraction manifested itself; the placenta, however, remained firmly adherent. I then injected 400 grammes (about 12 fluid ounces) of cold water into the umbilical vein. The uterus contracted at once strongly, and the placenta was removed by slight traction upon the cord. During the two hours next following, the pains succeeded each other at short intervals, accompanied by abundant sanguineous lochia, which disgorged the uterus and diminished its volume considerably. These pains became gradually slighter until afternoon, and during the night she was almost completely exempt from them. On the morning of the 22d, they returned suddenly. The patient having been placed upon a night-vessel to urinate, a large clot was expelled, and from that time the pains were scarcely felt, and disappeared entirely thirty hours after confinement.

CASE V.—Mrs. Germain, aged 26 years, of a nervous, sanguine temperament, was confined with her third child June 14th, 1848, at noon, after a labor of two hours and a half, *with good pains* (at her second accouchement, 16 months before, the uterine after-pains had persisted for three days). At twenty minutes past 12, no uterine contraction announced the approaching expulsion of the placenta, which remained completely adherent, and I made an injection of 120 grammes of cold water into the umbilical vein. A slight sensation of coldness was produced in the uterus. Four



minutes after, things remaining in the same state, another injection was made. The sensation of coldness was greater, and the womb contracted energetically. Slight traction was made upon the cord, which brought away the placenta, the lobules of which were a little cold, evidently infiltrated by the liquid injected. The womb remained contracted during the entire afternoon, but there were no uterine pains. The crying of the child, during the night, kept the mother almost constantly awake; but the following morning she did not complain to me of any after-pains; and it was not until I had particularly questioned her regarding it, that she told me it was true she had felt some colic pains, but very slight. She experienced a few more pains during the 15th; but the following night, after having nursed her child, it was removed to another apartment, and she slept soundly and felt no more of the pains. On the 16th, and the following days, the lochia flowed in the usual manner. On the 17th she sat up four hours. She was able to walk out on the eighth day.

In this case, as in all others where I have not anticipated hemorrhage, I have employed injections only. In the following case I arrived too late to employ the ergot before the delivery of the child; but it will be seen that by the injections alone, I succeeded equally well. I believe, therefore, it is possible to attain our purpose with this means alone, but yet prudence ought to lead us to adopt the two modes of treatment in grave circumstances.

CASE VI.—I was called at 2, P.M., Oct. 7, 1848, to go immediately to visit a woman who was the subject of the first observation related in this second part of my paper. The case was a very urgent one. I found, on my arrival, that the child had been expelled some minutes (it was her tenth confinement). I hastened to ligate and divide the cord; then I waited about ten minutes without any uterine contractions becoming apparent. This woman spoke to me of her fears of hemorrhage and after-pains, to which she had been subject. I encouraged her by reminding her of the success of her last accouchement, and informed her that I had since been successful in many other cases. I threw three successive injections into the umbilical vein, each of 145 grammes of water at the common temperature (it was a warm day); after the second, there was experienced a slight sensation of coldness; after the third, uterine contraction was energetic. Feeble traction sufficed to bring away the placenta; it was a little cool in all its parts, and very much distended by the water injected. I remained about an hour after this with the woman. There was no hemorrhage; the womb remained firm, without any painful contractions. \* \* \* The following morning she assured me she had experienced *no colic*. She had no fever, had already given the breast to the child several times, and the uterus was much less voluminous than on the evening before. The lochia were slightly sanguineous and flowed well. This woman rose on the seventh day, and now (Dec., 1848) the mother and child are in good health.

CASE VII.—An English lady was taken with labor pains on the morning of the 25th October, 1848. It was her second confinement, the first having occurred seven years before. The child was born without instrumental aid at 3 o'clock, P.M., after two hours of very hard pains. As this lady had met with a very alarming loss of blood after her first confinement, I administered two grammes of the ergot of rye, near the termination of the labor, and, in order to detach the placenta, I injected 150 grammes (about 5 fluid ounces) of cold water into the umbilical vein. The cord was very short, and this single injection excited immediately a sensation of cold in the uterus, and produced the expulsion of the placenta, which was not succeeded by hemorrhage or after-pains. Lochia natural and free. This lady was up on the seventh day.

I could relate many similar cases, but it is useless to do so when reason and sound physiology so clearly demonstrate the principles which it is intended to illustrate. In all these cases, after employing the means I have indicated, the labor progressed precisely as does that of a first accouchement. The uterine walls opposed each other firmly, and prevented the accumulation of blood, and the formation of coagula. The after-pains, sometimes absent, were in other cases quite severe, but soon diminished, and disappeared entirely. The flowing of the sanguineous lochia was unobstructed and quite easy, less in quantity, and continued a shorter period of time than when the injection was not used. In fact, in place of being prolonged to 30 or 48 hours, the lochia were seen to diminish 10 or 12 hours after the accouchement; the vermilion color gradually grew less, and after the second day there was not more than a reddish serosity, which soon constituted what is called the *serous lochia*. This last secretion, in its turn, was natural and without pain, and was soon succeeded by the white discharge, which is more prolonged and more abundant, if the woman does not nurse her child, and if she has not the care of attending it. In this case, a less nourishing regimen, and one less exciting to the secreting and depurating organs, and to the perspiratory system, is generally indicated. The lochia are affected, too, by age, temperament, season, climate, &c.

Physicians have formerly made long and ridiculous calculations respecting the quantity of blood a woman ought to lose after parturition, in order that the system may be *sufficiently purged*. The blood that a woman loses after the expulsion of the placenta, uselessly enfeebles her, if it flows in the absence of uterine contractions; it takes from the vital forces, of which she will have indispensable need, in performing the important function of nursing her child. There is no further flow of blood needful than that which accompanies the uterine contractions, and which serves to disgorge the walls of this organ, and to restore them to their normal or physiological limits. It is conceived, then, that some hundreds of grammes are amply sufficient; now by the means which



we counsel, this double result is obtained promptly, and almost without pain.

As to the mode of making these injections, since it is so readily understood, I have not entered into a very detailed description. It will be well to have a syringe containing at least 150 grammes (4 or 5 fluid ounces) having a long, fine nozzle, or canula. Before introducing it into the vein, make a clean section of the cord, for the purpose of distinctly seeing the vessels. The cord should not be, at the most, more than 12 or 15 inches long. In my first trials I used water acidulated with vinegar, especially when I anticipated hemorrhage. For some years past I have employed only simple cold water, and its action has appeared to me sufficiently powerful.

Whenever a dissection has been made of a placenta, detached by injection into the umbilical vein, it has been remarked that wherever the ramifications of the vessels have been followed, the liquid injected has been met with. The two faces of the placenta present a very different aspect. The internal, or fœtal face, is traversed throughout its extent by the transparent divisions of the vein distended by the cold water; the uterine surface, on the contrary, is red and injected by the blood contained in it. The liquid of the injection does not penetrate to the external surface; hence the temperature of this surface is found more elevated than the other, and the sensation of cold experienced by the woman is not so great as, *à priori*, would have been supposed. It is important that the sensation of cold in the uterus should be felt, since it announces, and determines, the uterine contractions, indispensable to the success of the operation. It is evident that if the water be very cold, a much less quantity will need to be injected; at the common temperature, in winter, 150 grammes will often suffice, while in summer two or three times that quantity may be required.

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### Bibliographical Notices.

*A Practical Treatise on the Diseases of the Eye.*—By WILLIAM MACKENZIE, M.D., Lecturer on the Eye in the University of Glasgow, &c. &c. From the fourth revised and enlarged London edition. With notes and additions by Addinell Hewson, A.M., M.D., &c. Philadelphia, Blanchard & Lea, 1855. 8vo. p. 1027.

For a long time no work equally important with that bearing the above title has been presented to the profession in this country. More than twenty years since, an earlier edition was republished by the Massachusetts Medical Society, and this has been, till the present time, the best treatise on the subject accessible to the American physician. This edition, however, has long been "out of print," and its place has been ill supplied by the republications of the works of Mr. Lawrence and of Mr. T. Wharton Jones. Lawrence on the Eye has always been an unsatisfactory book; sufficiently correct on all points relating to the more simple and ordinary affections, but tedious in style, and dealing often in generalities precisely where the inquirer sought for nice distinctions and accurate details. Mr. Jones's Man-

ual embodies the more recent ideas in the theory and practice of ophthalmic medicine, but it is puzzling and confused in its arrangement, and is too much condensed to admit of easy comprehension by the student, or the practitioner who, as is so often the case in this country, finds himself called on to treat diseases of the eye without having enjoyed any opportunity for clinical acquaintance with them. The best of the other English works, among which may be mentioned those of Tyrrell and Middlemore, have not been re-published here; nor have translations been made of the excellent treatises which have appeared on the continent. We cannot, then, but hail a practical treatise, one which leaves so little to be desired, on this important subject. The reader feels, that not only has a wonderful amount of labor and vast research been bestowed by its author, in accumulating his materials; but that, in comparing and estimating the opinions of others, he has received nothing upon trust, and adopted no theory till it has passed the ordeal of proof to the satisfaction of his own competent judgment.

In the limited space allowed, we cannot attempt a critical review of Dr. Mackenzie's work; but a desire to obtain for it the attention which it richly merits induces us to refer to certain portions of the book, which may serve to convey an idea of the value of the whole.

In his chapter on the ophthalmiæ in general, our author urges, in philosophical and conclusive language, the importance of an accurate classification, and protests against the habit of virtually regarding all these affections as identical. He says, "The general rule, that inflammation in a great measure limits itself, not merely to one organ but to one tissue, certainly holds with regard to the eye." And, though he admits that other contiguous parts may become involved, he regards many of the morbid conditions as having their chief seat in a particular texture. From this follows the conclusion "that it is evidently impossible that the inflammatory affections of parts so widely differing in structure and function as those combined in the eye, can be treated at once indiscriminately and successfully. We find, for example, that the remedies which in the course of a few days are often sufficient completely to remove inflammation of the conjunctiva, only aggravate inflammation of the sclerotica and iris; while the plan of treatment which speedily cures scleratitis or iritis, if trusted to in conjunctivitis, would expose the eye to almost certain destruction."

Under the head of "remedies for the ophthalmiæ," he exhibits, in a very clear and concise style, the general principles of treatment, and gives many valuable and practical suggestions in regard to the employment of different classes of remedies. We do not entirely agree with him,—we do not believe, for instance, that "the nitrate of silver and muriate of mercury have in a considerable degree superseded such astringents as alum, sulphate of zinc and sulphate of copper." The nitrate of silver ointment does not deserve even the mention he has made of it, but should be banished from use, as having no advantages over a solution, and as being, even when carefully prepared, a very unmanageable remedy. The operation of paracentesis corneæ, for the evacuation of the aqueous humor in some internal inflammations, is spoken of as "in certain cases an invaluable remedy," but as "too nice an operation to have come into general use." As described by our author, performed with a cataract knife, it certainly could not justifiably be resorted to in ordinary instances; but the instrument invented for this purpose by M. Desmarres, obviates the objections, and allows of its being done with perfect safety. We also consider Dr. Mackenzie a little too fond of his collyrium of the muriate of mercury, which he prescribes on almost all occa-



sions. In most respects, however, we deem his suggestions in the highest degree judicious and valuable. For example, we think he renders an important service, in insisting that "the scrofulous ophthalmiæ, and almost all others in the chronic stage, are benefited by tonics;" in advocating a comparatively moderate resort to antiphlogistic measures, contrasted with the rather heroic practice which has been inculcated by British authorities; in recommending the use of mild solutions of the nitrate of silver ("of an average strength of four grains to the ounce of water"), instead of countenancing the abuse which is almost universally made of this salt, in the indiscriminate application of nearly saturated solutions. He very properly calls attention to the fact that the cicatrix of an ulcer of the cornea may be permanently blackened, and the conjunctiva tinged of an olive hue, by the long-continued use of this remedy as a topical application. In regard to the acetate of lead, he says "it ought to be entirely dismissed from ophthalmic practice, from the opaque and generally indelible precipitate its solution forms on any abraded or ulcerated spot of the conjunctiva or cornea." In this judgment, all practical ophthalmologists, who have carefully observed the unsatisfactory results obtained from its use, and have seen repeated instances of opaque deposit where it had been unadvisedly applied, will fully concur.

Perfect as seemed to be the methods of performing the various operations required upon the eye, very important improvements have been made within even the last five years. New instruments have been devised, to meet the difficulties encountered in some of the operations for cataract and for artificial pupil, and it may be confidently asserted that these delicate operations may now be executed with increased safety and success. Most of these improvements, we are glad to notice, Dr. Mackenzie adopts and describes; thus adding all which was wanting to render his work complete.

We cannot but regret, that the publishers should not have made arrangements to issue this edition, of which the mechanical appearance is creditable, without the deformity of excrescences in the shape of notes and additions. Dr. Hewson's attempt at gilding refined gold may have been very well in its way, yet we cannot but think such a production as that of Dr. Mackenzie would have been, "when unadorned, adorned the most." W.

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*Categorical Account of the Female Medical College, to the People of the New England States.* By HELEN M. GASSETT. Boston: 1855. Svo. pp. 138.

This pamphlet purports to be an exposition of certain frauds and abuses alleged to have been committed by some of the Directors of the "N. E. Female Medical School," whereby the funds raised for the support of the Institution, and entrusted to their keeping, have been appropriated to the private use of those members of the Board, and the friends and subscribers to the school, and the public generally, been greatly deceived as to the objects and success of the scheme. The author was for some time an agent for raising funds in behalf of the College, and states that she became disgusted with the impositions practised by those having the management of its affairs, and withdrew from all connection with it; whereupon the Directors, in order to throw discredit upon her statements, published her in the newspapers as a dishonest person, dismissed from their employ, and warned the public against having any dealings with her. Whether these assertions of Mrs. Gassett are true or not, we have no means of judging. If they are, the whole affair is a gigantic humbug, got up, under the assumed guise of philanthropy and reform, for the sole purpose of benefiting a few individuals. We freely admit that statements of this kind may be exagge-

rated, and should be received with caution; yet, from the peculiar means which have been taken to recommend this College to the public favor (the most indecent abuse and slander of the members of the medical profession generally), it is difficult for us to divest ourselves of a suspicion that they may not be wholly groundless. We shall take an early occasion to state our views on the subject of female practitioners of medicine, and in the mean time recommend the pamphlet to those interested in the Institution at Boston.

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*A Manual of Clinical Medicine and Physical Diagnosis.* By T. H. TANNER, M.D., Licentiate of the Royal College of Physicians; Physician to the Hospital for Women, &c. *To which is added the Code of Ethics of the American Medical Association.* Philadelphia: Blanchard & Lea. 1855. Pp. 252.

In one sense, the republication of the work of a foreign author must be gratifying to him; it shows that his labors are appreciated, and it gives him a more extended and deserved fame. There are considerations, however, which diminish, in many instances, this feeling of satisfaction: republication of valuable works, unless their authors be participants by agreement, in the pecuniary returns, inflicts upon them a serious loss, and the well-merited remuneration for literary toil is unjustly diverted from those to whom it chiefly belongs.

These ideas constantly recur to us, as the gigantic press of this country distributes by thousands the works of European authors, at a cheaper rate and generally in a far cheaper style than the originals. Occasionally the proper arrangements are effected, and a due regard is shown to the property of the author; too often, no questions are asked, and the re-print is made, we think, in a way only to be described by the term *piratical*. This subject has elicited much feeling and comment; we only refer to it, to manifest our own estimation of the procedure, and our remarks are general—intended to particularize no one publishing firm.

While justice to authors should be a governing principle with publishers, it is not to be denied that the public derive great advantage from the issue of re-prints in a form within the means of nearly every individual. But surely this may be honorably done, and authors generally would be only too happy to enter into negotiations for such a purpose.

The work we have to notice at the present time is an honor to its writer, and must obtain a wide circulation by its intrinsic merit alone. It seems to us that but slight effort on the part of the publishers will be requisite to exhaust even a large edition. Suited alike to the wants of students and practitioners, it has only to be seen, to win for itself a place upon the shelves of every medical library. Nor will it be “shelved” long at a time; if we mistake not, it will be found, in the best sense of the homely but expressive word, “handy.” The style is admirably clear, while it is so sententious as not to burden the memory. The arrangement is, to our mind, unexceptionable. The opening chapter, “On the Clinical Study of Disease,” is admirable. We cannot specify all the subjects, but will call attention to a few.

“Sec. 2d. *The General Conduct of the Practitioner of Medicine.*”—Among much that is excellent under this head, we select the following:—“A man who practises his profession conscientiously, will never be unmindful of the duties which he owes to his colleagues—to those treading the same path with himself.”

“Sec. 3d. *The Clinical Examination of a Patient.*”—The most concise



and yet clear directions are given under this caption; the following of such a system, while it neglects no point of importance, saves much valuable time.

"Sec. 4. *The Clinical Examination of Children.*"—A few very sensible directions for this difficult task.

Sec. 1, of Chapter VII., contains a reference to the observations of Drs. John Fisher and Whitney upon Cerebral Auscultation. The author says, "that any attempt to increase the knowledge of this class of affections (*Cerebral Diseases*), is welcome, and deserving of careful consideration; and while he recognizes the probable utility of auscultation of the cranium in certain cerebral affections, as in aneurisms of the cerebral arteries, for example, thus concludes his notice of the subject:—"With regard to the results said to have been obtained from the practice of percussion in cerebral disease, I hold the opinion of Zehetmayer, that percussion will undoubtedly inform us of the thickness of the skull, but up to the present time, thick and hollow heads have been detected with tolerable certainty, without the necessity of percussing the cranium."—(Page 142.)

We might go on referring to various articles, in all of which, the subjects are most acceptably treated; but we are sure that all who turn to those few we have specified, will need no other stimulus to look farther. The chapter (VI.) on the "Diagnosis of Natural from Feigned Disease," consists chiefly of a "Table," in which the name of the disease, the mode of simulation and that of detection are given. This is judiciously drawn up, and must prove useful. We notice that the author mentions the narcotized condition of the anæstheticised as suited to reveal *feigned* deformities; a means that could hardly fail, we should suppose. The whole chapter is valuable. The principle of condensation, carried through the work, while it never obscures the sense, has almost given to it the character of a collection of aphorisms; but the usual stiffness of the latter does not appear, the whole composition running easily along by a natural connection, and securing the undiminished interest of the reader. The work, in short, deserves the heartiest commendation. The publishers have appended the "Code of Ethics of the American Medical Association"—a judicious proceeding, inasmuch as its excellence is a sufficient introduction to the good society it thus joins.

The typographical appearance of the book is good, and its size a convenient one. We remark certain errors which surely ought not to have escaped correction: *e. g.*, Section 3d, p. 29, is presented as "Section 8";—hurry, or extreme carelessness, can alone account for mistakes in the heading of sections or chapters, which are really of more importance than when in the body of the text. On page 32, 13th line from the bottom, read *patients*, instead of "patinets." The book is, however, remarkably free from errors. For sale here by Carter, Brown & Bazin, Cornhill and Washington street.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 18, 1855.

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### EVIL EFFECTS OF STUDIES OUT OF SCHOOL.

THE length of time to be employed in mental application by young persons at school, is a question which we are surprised not to see oftener dis-

cussed in medical books and journals, since there are few subjects that have a greater bearing on the bodily health, as well as the intellectual advancement of the young. On the one hand, the importance of mental cultivation is denied by no one; the education of the people is the boast of our country, and is of incalculable advantage to a republic, in preparing its citizens for the responsible duties of self-government, and in promoting, to an indefinite extent, the means of happiness of the individual. On the other hand, we must take into account the dangerous effects of over-stimulation of the intellectual powers, and of the absence of a due amount of bodily exercise, at the expense of the physical organization; and this view of the subject, we apprehend, has been too much overlooked by the instructors of youth, in their desire to bestow upon their pupils the advantages of a highly-accomplished education. The vast increase, of late years, in the amount and variety of studies taught in our schools, leaves, we fear, too little time for the proper recreation necessary both to body and mind. There are few schools in our city, where the higher branches are taught, which do not impose upon the scholars, in addition to at least six hours' mental labor in the school-room, lessons requiring from one to two hours' hard study at home, which time must, in some cases, be greatly extended by those of inferior powers of acquisition, whose ambition will not permit them to fall behind their more gifted companions. In many instances, we are afraid, this extra work is prolonged into those hours when both mind and body should be repairing the losses of the day by sleep.

Now, young persons, especially, require both amusement and out-door exercise, and much more of the latter than most of our young friends are able or disposed to indulge in. The bow which is always kept bent, soon loses its elasticity. The youthful mind by too much application becomes either heavy and incapable of healthful exertion, or else, by over stimulation, is rendered visionary, eccentric and impractical, prone to fanaticism or even to insanity. Sedentary habits predispose the system to dyspepsia, phthisis, and a host of other diseases. Over-use of the eyes, especially by lamp-light, and on closely printed books (often in the crabbed characters of the Greek or German), when it does not immediately give rise to acute inflammation, often lays the foundation of permanent weakness of sight, and constitutes a source of misery which may last a life-time.

The School Committee of this city have wisely prohibited the imposition of lessons out of school hours, in the grammar schools. We hope they will ere long see the wisdom of introducing the same reform into the higher schools. In our opinion no lessons should, as a general rule, be learned out of school. Six or seven hours daily, is quite enough time to be spent in application to books, especially by children who are passing through that period in which the changes taking place in the system, render it peculiarly susceptible to evil influences. Nor would a diminution of the time spent in studying prove a real loss in the end; on the contrary, we believe that children would work with more interest, and make more progress in their studies, if they came to their books with their minds refreshed and bodies invigorated by exercise. Children should study hard, but they should also play hard; and it is just as much our duty to induce them to play as to make them study. The apparent progress made by incessant mental application in early years, is too often compensated in after life by ruined health and disappointed expectations. We have in our mind several cases which we could adduce in support of the position we have here assumed, but, for the present, we forbear.



## SUGAR-VAPOR CURE FOR PHTHISIS.

THE sugar-vapor cure for phthisis is a subject about which much has been written in former numbers of this Journal. Its advocate, Dr. Cartwright, believes that there is some specific virtue residing in the volatile aroma of the boiling cane-juice, which is antidotal to tubercle, and may be employed by inhalation in the treatment of pulmonary consumption. We notice in the September number of the Nashville Journal of Medicine and Surgery, an article on this subject, by Dr. B. H. Washington, of Hannibal, Mo., who, without denying the benefit of the remedy, ascribes its effect to the vapor or steam rising from the boiling liquid.—“The warm vapor, upon its inhalation, penetrates through, and is a local application to all parts of the inflamed lung, soothing and curing the inflammation excited around every tubercle, being, in fact, equivalent to the water-dressing recommended by all surgeons, while the volatile aroma, after serving to refresh the olfactories, not being of any further use, goes about its business.” In confirmation of this view, Dr. Washington quotes the fact that hatters are cured of colds and pains in the chest, whenever they are employed over the kettles. He also states that the same is true of workmen employed in the manufacture of copperas, who are exposed to vapor from boiling water, and he cites one remarkable instance of a man with strong consumptive tendencies who was restored to health and vigor, after working at this employment. Dr. Washington, however, is inclined to believe that the patient is, to some extent, indebted to the wholesome nourishment afforded by the cane-juice;—to use his own expressions, “drinking the hot, worm-destroying, scurvy-curing, teeth-whitening, *dextro-gyrate* cane-juice, furnishes the best quality of food for the formation of healthy chyle.”

## MEDICAL BOOKS IN THE PUBLIC LIBRARY.

WE believe that many of our brethren in this city are not aware of the valuable collection of Medical Books in the Public Library, which can be used “without money and without price;”—at least the number of physicians who avail themselves of this privilege is quite small. The Trustees are willing and ready to purchase any book which is desired by a responsible person, and which is not of an unreasonable price. We hope to see this valuable collection of books as freely used by our profession as it is by the public.

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*Communications received.*—On Dislocations of the Clavicle.

*Books received.*—Annual Report of the City Inspector of the City of New York, for the year ending December 31st, 1854.

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MARRIED,—At Cambridge, on the 10th inst., Dr. William H. Gorham, to Miss Sophia T. Rice.—At Lowell, 10th inst., Eben K. Sanborn, M.D., to Miss Harriet W. Avery.—In New Jersey, Dr. James A. Sherman, of N. J., to Mrs. Mary McGlidden, of Boston.—At Lyons, N. Y., 3d inst., William G. David, M.D., of Dubuque, Iowa, to Miss Sarah M. Taft, of L.—At Paris, on the 16th of August last, at the American Embassy, L. S. Burridge, M.D., to Miss Emma Frances Mecke, daughter of Samuel G. Ogden, Esq., all of New York.

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*Deaths in Boston* for the week ending Saturday noon, Oct. 13th, 83. Males, 37—females, 46. Accidents, 3—inflammation of the bowels, 3—inflammation of the brain, 1—catarrh, 1—consumption, 13—convulsions, 5—cholera infantum, 7—croup, 4—dysentery, 2—dropsy, 2—dropsy in the head, 7—infantile diseases, 8—diabetes, 1—typhoid fever, 1—hooping cough, 5—intemperance, 4—disease of the kidneys, 1—marasmus, 2—measles, 1—old age, 2—palsy, 1—pleurisy, 1—smallpox, 3—teething, 1—unknown, 3—worms, 1.

Under 5 years, 45—between 5 and 20 years, 10—between 20 and 40 years, 14—between 40 and 60 years, 11—above 60 years, 3. Born in the United States, 62—Ireland, 19—Germany, 1—British Provinces, 1.

*Pills of Iodide of Iron.*—The method of preparing these pills, suggested by M. Perrens, is as follows:—Take of iodine powder, of iron (not oxidized), and honey, each one gramme; liquorice powder, two grammes. Rub together in an iron mortar, rapidly, the iodine and the iron, until they are completely mixed, and then add the honey, beating them together till the mass becomes black, and ceases to exhale the odor of the iodine; then incorporate the liquorice powder with it, and divide quickly into twenty pills. Silver them. They should be preserved in a stoppered bottle.—*Dublin Med. Press.*

*To Remove Rancidity from Fatty Substances.*—M. Griseler discovered, accidentally, that the addition of a small quantity of nitric ether to oils, has the effect of entirely removing any rancid odor which they may possess. Evaporating by heat to drive off the alcohol of the ether, leaves the oils as limpid and sweet as ever.—*Stethoscope.*

*Statistics of Paris.*—The population of Paris may be considered, with the environs, as 1,200,000. Of these, an average of 70,000 receive aid and food from the administration of *Assistance Publique*. Besides this average, must be counted the following special cases:—2,800 octogenarians, 3,000 septuagenarians, 1,400 blind persons, and 600 paralytics. In the hospitals are 63,237 beds, of which 46,538 are for civil occupants, and 16,699 for soldiers. From 1804 to 1822, the annual number of admissions was about 40,000: in 1829, it was 74,000; and in 1850, 83,000, and the hospitals refused about 80 applicants a day.

The average daily consumption of bread in the city is a million of pounds, or a pound for each person: but, as every workman eats three pounds a day, it is found that the consumption of women, of children, and of the aged, which is considerably under a pound a-piece, furnishes an ample compensation. The climate is calculated to require a person in good health to consume one pound of meat, one and a half of vegetables, and one and a half of bread, with a bottle of claret, or two bottles of beer. The consumption of bread diminishes in years of abundant wine yields, and *vice versa*. A heavy rise in the price of bread increases the number of deaths very perceptibly. The 40,000 cats and 70,000 dogs of the city of Paris, eat six millions pounds of bread a year. Unwise economists have proposed their destruction, in view of the saving that might be effected: but it is clear that it would only provide for six days' consumption out of three hundred and sixty-five.

There are 601 bakers in Paris, who are divided into four classes:—the first, including those who use more than four bags of flour a day; the second, third and fourth, those who use three, two, and less than two a day. A bag contains 314 pounds of flour, and furnishes 408 pounds of bread. Any baker who puts more water into a bag full than is necessary to raise it up to this standard weight; or any one who adulterates his flour with mixtures of carbonate of magnesia, bicarbonate of soda, or powdered alabaster, is punished by a fine of thirty francs and a week's imprisonment. Frauds in bread, however, are extremely rare. Every baker is obliged to keep in store at the City Granary from 50 to 130 bags, according to his class. The total thus stored is about 80,000 bags. In case, therefore, of any circumstance preventing the communication of the city with the country, there is always a stock of flour on hand sufficient for twenty-five days, and with economy, for forty.

There are 500 butchers in the city: they are governed in their proceedings by a code consisting of 301 articles, drawn up by Charles X., in the last year of his reign. The number of persons in Paris who abstain entirely from meat, is so large, that the average consumption of the city is reduced to three ounces a day for each person. It is the class that goes without that fills the hospitals.

The average wine yield of France is 1,000,000,000 gallons—two-thirds of which is consumed in the country, and one-third exported. Of the 333,000,000 gallons annually drank in France, Paris claims 40 000,000—that is five times as much as its proportion of population entitles it to. Of this quantity, 7,000,000, or one-sixth, are supposed to be added, either in the form of water, or of decoctions purely artificial. The government does what it can to punish and prevent frauds of this sort, and it keeps in its employ sworn and patented tasters, whose palates possess a sort of humming-bird delicacy.—*New York Times.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, OCTOBER 25, 1855.

No. 13.

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## DISLOCATIONS OF THE CLAVICLE.

[Communicated for the Boston Medical and Surgical Journal.]

FROM its anatomical relations and connections, the clavicle is more frequently the subject of accident than any other bone in the human skeleton. It was rightly named "clavis," not only from its resemblance to the ancient key, but as being the key itself that has unlocked the fortunes or misfortunes of many a chirurgical aspirant. Fractures of the clavicle are of far more frequent occurrence than the accident under consideration; the proportion, according to some of our best authorities, being as six to one. It is not long since that I was called to visit a boy of some dozen years, who, the messenger told me, had fallen and injured his shoulder. I found fracture of the collar bone; and, after applying my dressings, a younger brother was brought in, and an examination discovered the same accident, only on the opposite side! But dislocations of the bone I have never found quite so common. All surgical writers agree that the clavicle may be displaced at both its proximal and distal extremities. But the proportion in which these luxations occur, the indications for the restoration of the parts, and the means to be employed for fulfilling these indications, are items not so well established—are points upon which surgeons are not so well agreed. Boyer, Desault and Samuel Cooper represent that the sternal end of the bone is most frequently displaced; while Sir A. Cooper and other writers have found the scapular extremity most frequently dislocated. Of the 9 cases reported by Professor Hamilton,\* 8 occurred at the scapular and but one at the sternal extremity of the clavicle. Some authors speak of three dislocations of the sternal extremity, whilst others mention but two. Again, whilst some surgeons, of high authority, labor to build up an anatomical argument against the possibility, even, of the downward dislocation in scapular displacements; others, equally eminent in the profession, report cases of this very accident! But leaving these controverted points of minor consequence, let us at once apply ourselves to the practical part of our subject.

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\* Transactions of the Medical Society of the State of New York, Albany, 1855.

Can dislocations of the clavicle be reduced, and coaptation be so perfectly maintained, that no deformity shall result? The highest authorities on both sides of the Atlantic say no. Sir A. Cooper was accustomed, at the conclusion of his lecture on this subject, to say to his class, "You are not to expect that the parts, after the utmost care in the treatment, will, in dislocations of either end of the clavicle, be exactly adjusted. Some projection, some slight deformity, will remain." Samuel Cooper, in his *Surgical Dictionary*, affirms that "the exact maintenance of the reduction, by any apparatus whatever, is found to be a matter of the greatest difficulty, and some deformity will remain." Dr. Reese, however, in his edition of the work, says in a note that "Dr. Cook, of Baltimore, has reported a case of the successful reduction of a dislocation of the clavicle at its scapular articulation."

M. Boyer remarks, that "notwithstanding the greatest assiduity of the surgeon, the luxated extremity will remain more prominent than that of the opposite side"—and that "this inevitable deformity would not be prevented, even though the tourniquet proposed by Brasdor were used." And Dr. F. Hamilton, in the Report already referred to, says, "I am quite sure that it will not be found often, if ever, practicable to retain the scapular end of the clavicle in place when it has been once dislocated; and the same difficulty will generally exist when the dislocation is at the sternal end." Of his 9 cases he remarked that "the clavicle was generally easily reduced, but in no instance was it made to remain in place." Mr. Ferguson, in his *Practical Surgery*, after giving directions how "an attempt may be made to keep the end of the bone (acromial) in its proper position," and assuring his readers that these means will in all likelihood not have the desired effect, concludes thus: "But unless the displacement be considerable, I believe it will be the best plan to let the shoulder alone, and merely keep the fore-arm in a sling." And of the sternal dislocation, he speaks in this wise: "Here, also, it is extremely difficult to keep the extremity in its proper seat—a false joint will in all probability be the result." And all this is endorsed by Dr. Norris, of the Pennsylvania Hospital, as good practice! I say endorsed—for he publishes Dr. F.'s article on dislocations of the clavicle, without comment. Mr. Liston and other writers hold much the same opinions, and all perfectly agree in looking upon the accident, if not quite, as pretty much beyond the resources of our art.

Here, then, is a mass of authority, and it might be very much increased, at once overwhelming, and to many surgeons entirely satisfactory. But what though MM. Boyer and Desault, the Coopers and the Bells, were accustomed to be listened to as speaking *ex cathedra*; does it follow, as a matter of course, that their dogmas in this instance are correct? And henceforth must every dislocation of the clavicle, end, if not in the "formation of a false joint," at least in impaired function and "inevitable deformity"? However consoling it may be to the surgeon who has an unsuccessful



case on his hands, to be able to bring all this array of authority to justify the result of his case; to the patient who had a lame limb, as his inheritance for life, an aching joint that is a perfect barometer, in every change of the atmosphere, it is a very different affair. But let me not be understood as censuring the opinions or condemning the practice of others in these remarks. They have with candor expressed their opinions, and given us the results of their practice. They have not covered up their cases because they were unsuccessful, and by their manly frankness have laid the profession under obligations for their contributions. I have been deeply interested in Dr. Hamilton's Report, but am not a subscriber to his articles of belief. I would not be understood as saying that every dislocation of the clavicle can, by any means whatever, be perfectly restored—or that three cases out of every four, even, can be successfully treated. But that it is an accident that does not always, of necessity, leave the joint deformed in its appearance and impeded in its functions, the following cases will most satisfactorily prove.

CASE I.—This was a dislocation of the scapular extremity of the clavicle, and occurred to a man in middle life, very athletic, and of as powerful muscular developments as I remember ever to have seen. In this case I did not find that it was “as easy to restore the bone to its proper connections, as it was difficult to retain it.” The clavicle was found riding upon the spine of the scapula, and by the action of unusually developed muscles, the articular surfaces were widely drawn asunder. Ether and chloroform were not then used, and it was only after persevering efforts that I succeeded in reducing the dislocation. Sir A. Cooper's clavicle bandage was applied, a cushion having been placed in the axilla—the shoulder was elevated as well as carried backward—the arm was secured to the side, and the fore-arm was suspended in a sling. A moderately thick compress was now placed over the end of the dislocated bone and acromion, and this was well secured by a leather strap and buckle passing over the compress and under the point of the elbow. Thrice in the three following days was the bone partially thrown from its articular connections, but was much more easily reduced than at first; and was, after this period, so perfectly retained in situ, that my patient, in a short time, recovered entirely the use of his shoulder, having no deformity whatever.

CASE II.—The subject of this accident was almost a fac-simile of the preceding—middle aged, strong, muscular. But the dislocation was at the sternal extremity of the bone. It occurred about two years after the first, and shortly after the introduction of ether. The dislocation was forward and upward in this case. Ineffectual attempts were made at reduction until the patient was fully etherized, when it was easily accomplished. The clavicular bandage was applied, and a compress retained over the dislocated extremity of the bone by turns of the roller. This succeeded for the day, but during the night the dislocation returned. Chloroform was again administered, and the bone restored to its normal connec-

tions. The same dressings were applied, with the addition of a splint so carved as to fit the outlines of the chest and clavicle anteriorly, and make pressure on the sternal end of that bone, from before backward and from above downward. This, well padded, was secured by casts of the roller, and answered the purpose tolerably well. The bone was retained in its place, and a pretty good cure effected. The only thing perceptible was an unnatural fullness of the joint; its functions, after a few months, being not materially impaired.

CASE III.—This was a sternal dislocation, the clavicle being thrown forward. It occurred to a young man of about 25, on new year's eve, 1855. He was celebrating the holiday, when, unfortunately for himself, he took in too much ballast, considering the icy condition of our side-walks, and falling upon his shoulder he dislocated the collar bone. Having been summoned soon after the accident, I found not the slightest difficulty in reducing the dislocation without the use of ether. The patient had taken the alcohol and water uncombined with sulphuric acid, and it answered every purpose! Dr. Fox's apparatus, modified and improved by Dr. E. Bartlett of this city, was applied. This was the only dressing used, and the cure was perfect. There remained no deformity whatever, nor any impediment in the free use of the joint.

CASE IV.—January 24th, 1855, a lad of 11 years was thrown violently upon the ice by a larger boy, dislocating the clavicle at its scapular extremity. Ether was administered, and the clavicular surfaces brought into exact coaptation. Dr. Bartlett's apparatus was applied, together with the compress and bandage over the acromion; but it failed, as then constructed, of securing the end in view. A collar was placed around the shoulder of the affected side, and a strap passed from this to the apparatus on the sound shoulder, by means of which the scapulæ were approximated with a great degree of certainty, and so retained. The other indications were admirably fulfilled by the apparatus. A compress was now applied over the dislocated extremity of the bone, and firmly secured by the roller around the elbow. From this time forward there was no more difficulty. The parts were perfectly retained, and a speedy cure was effected; the dressings being all removed February 24th. So entirely successful is this case in its results, that not the slightest trace of deformity can be seen; and the most skilful surgeon cannot, by the most careful examination, tell me which clavicle was dislocated eight months ago.

Before dismissing this case, I would say that Dr. Bartlett's apparatus was of essential service in its successful treatment. And with the modifications he has since introduced, I consider it the most perfect, for the treatment of all injuries the clavicle is liable to sustain, of anything with which I am acquainted. It was intended for fractures of the clavicle only, but will answer well for dislocations of the sternal extremity, and must be considered a great acquisition in the treatment of acromial displacements. Let it not be



forgotten, however, that the compress over the dislocated extremity of the clavicle, well secured by successive turns of the roller around the apex of the elbow, I consider a *sine qua non* in the successful treatment of the latter class of luxations.

It is at this point, in my opinion, that surgeons have failed. Sir A. Cooper speaks of having the straps of his clavicular bandage "wide enough to press upon the clavicle, scapula and os humeri." And Sir Charles Bell, in his *Operative Surgery*, points to "the spica bandage around the shoulder-joint," as the means by which the dislocated extremity of the bone is to be retained in its socket. But neither can be relied on, according to the testimony of these very authors themselves; both will as surely disappoint the hopes of the surgeon as if he had applied, for his dressing, the shawl recommended by Liston; or, with Mr. Ferguson, had merely suspended the fore-arm in a sling. It matters not how accurately the dislocation may be reduced, or how securely the scapula may be drawn backward and elevated, and the humerus fixed to the side; if the action of that part of the trapezius implanted into the outer third of the clavicle be not contracted. For the serratus magnus, the pectoral and other muscles, do not, with more certainty, displace the scapula, than does this portion of the trapezius the scapular end of the clavicle when once dislocated. But the scapula and humerus being secured as above indicated, the apex of the elbow is, for all practical purposes, a fixed point, and one that is available in this accident. It affords us the means of completing a dressing at once efficient, and that, in most cases of dislocations of the acromial articulation, must be finally successful.

DAN. V. FOLTS, M.D.

33 *Maverick Square, Boston, Oct., 1855.*

#### BIOGRAPHICAL SKETCH OF THE LATE S. S. WHITNEY, M.D.

*To the Editors of the Boston Medical and Surgical Journal.*

GENTLEMEN,—I send you inclosed a sketch of the life of the late lamented Dr. Samuel Stillman Whitney, of this place, written by A. Mason, M.D., of Billerica, one of his former pupils. By giving this biographical outline a place in your widely-circulated Journal, you will gratify very many of his professional brethren, your subscribers.

ONE OF THEM—E. P. B.

*Dedham, October 12, 1855.*

SAMUEL STILLMAN WHITNEY was born at Natick, Mass., January 6th, 1815. He fitted for college at Leicester, and entered Harvard University at the age of 14. After remaining a year at Cambridge, he removed to Amherst to finish his collegiate course there. Towards the close of it, however, a long sickness having interrupted his studies, so as to prevent his graduating with his class, he con-

cluded not to take a degree. His parents had intended to educate him for the ministry ; but being strongly inclined towards medicine, with their consent he immediately entered the office of Dr. S. H. Spalding, then practising at Natick, and applied himself with great diligence to his medical studies.

The following year he entered the office of the late lamented and eminent Dr. John D. Fisher, of Boston, whose friendship and confidence he always possessed. The last six months of his studentship were passed at the City Institutions at South Boston. He received his diploma at Boston, in February, 1838.

While at South Boston, a vacancy occurred at Newton, Upper Falls, by the death of Dr. Alfred Hosmer, and by the advice of friends, he at once opened an office there. He succeeded rapidly in gaining the confidence of the community and consequent practice, and in the course of the year was married to Miss Sarah Spalding, only child of his first preceptor.

During the six years which Dr. Whitney spent at Newton, he secured a practice extending far beyond his immediate neighborhood, requiring very long and tedious rides ; but he still found time, stolen from the night, to prosecute his studies and keep himself well informed of all the additional contributions to medical science.

Cerebral auscultation was a favorite subject with Dr. Fisher, who did so much in this country, by the translation of Laennec, to introduce a knowledge of thoracic exploration, and the value of the physical signs. Partaking of the enthusiasm of his instructor, Dr. W. pursued his investigations with zeal, and as the results of his first years of practice, contributed a valuable paper on the subject, with cases, to the *American Journal of the Medical Sciences*—a paper which was thought worthy of being re-published in a foreign Journal.

Nor were these first years of practice destitute of other fruits. He was one of the first operators for strabismus in this country ; he successfully attempted staphyloraphy, and pursued, with enthusiasm, a series of operations for the surgical relief of epilepsy. The results of these last operations he never published, though it was his intention to do so ; unfortunately he deceased before that age when men usually find leisure to give the results of their experience to the public. It may be briefly stated, however, that in no case, followed by secondary accidents, did they give relief ; but only where a mechanical source of irritation, from accident or disease, was well ascertained.

Having disposed of his practice at Newton, Dr. Whitney re-moved to Dedham in 1844, carrying with him a well-established reputation. He hoped, in this larger and more central field, to be relieved of much of that necessity for physical exertion, which told heavily upon his time and strength. In this, however, he was disappointed ; his practice soon extended to unprecedented limits, making large demands upon his system, and undoubtedly bringing on the disease which eventually, and after much suffering, terminated his life.



Before, however, permanently settling in Dedham, he passed a year in Europe, making careful use of its advantages. He especially followed Velpeau, Andral and Piorry. On leaving Paris, Piorry presented him with his own long-used plessimeter, as a parting gift; a souvenir which, though he did not often use it, preferring one of his own phalangeal bones, he was always proud of as a memorial of the great percussor.

Dr. Whitney was thoroughly educated in auscultation and percussion, under the tuition of Dr. Fisher, and it may be safely said that few ever surpassed him in delicacy and quickness of ear. In addition to his large general practice at Dedham and vicinity, Dr. Whitney paid particular attention to surgery. He was successful in all the greater operations, and more especially in the arts of modern surgery for the cure of congenital or accidental deformities. The operation for cleft palate he performed many times, and treated with success a gentleman from Canada, who had been unsuccessfully operated upon by the celebrated Dieffenbach. For this operation, in addition to his fee, his grateful patient presented him with a silver tea service. His surgical cases came from distant parts of the country.

In the fall of 1848, in the midst of these active pursuits, Dr. Whitney was attacked with diarrhœa and sub-acute enteritis. His case afterwards became interesting in a pathological view. Too ambitious to give up practice, or to restrict himself to the limits of his own neighborhood, or finding it impossible to refuse the calls made upon him for attendance or consultation in distant towns, he continued to ride night and day, and in all weathers. The diarrhœa assumed a chronic form, alternating with sore mouth, which was even more troublesome than the diarrhœa, and also prevented his taking the nourishment his active habits required. From time to time the enteritis would confine him to his bed. Several times he was brought to the brink of the grave, but recruited again after a sea voyage or a short residence in a warmer climate.

About three years ago he began to feel a numbness in his lower limbs. This gradually increased upon him; and, skilled as he was in the knowledge of his own case, he foreboded the final paralysis which ensued. He sailed for Havana in March last. As usual his health somewhat improved, but not the numbness of his feet. His medical attendant having business at home, and anticipating no sudden crisis, left him. His true friend and relative by marriage, Capt. Williams, with whom he made the voyage, was obliged to sail for Europe. While standing on the capstan of a vessel to wave him an adieu, as he left the harbor, he was suddenly seized with paraplegia. He was lifted into a berth, and the next day, in this helpless and unattended condition, he took the steamer for home. The effects of the first shock had but slightly left him, when immediately on his arrival at Dedham he experienced another. The paralysis soon invaded his bladder and rectum, and gradually reached his lungs, his mental faculties remaining perfect to the last. He

died at his residence in Dedham, peaceful and resigned, in the bosom of his young and beloved family, June 30th, 1855, aged 40.

Few men have accomplished more at so early an age. Cast in a tall and manly mould, his personal appearance was calculated to make an impression upon those with whom he came in professional contact. An anchylosis of one knee, the result of an accident received in his academic days, instead of retracting from, rather added to the dignity of his carriage. He was remarkably generous in disposition, and this, with a peculiar suavity in his manner, and unbounded confidence in his skill, strongly attached to him a large circle of students, patients and friends.

It is, perhaps, unavoidable amid the conflicting interests and competitions of our profession, that misunderstandings and alienations will not occur. This is a danger most likely to happen, and has always most often happened, to men of strong and original minds. In the wide influence which such men exert, in the popular influence which sustains them, in the self-consciousness of strength, and the lurking idea of unjust and jealous treatment, the necessity and beauty of harmony in our profession is too often overlooked. This is to be regretted. Happily it does not often extend beyond the area of immediate competition.

So great was the confidence of the public in Dr. Whitney's skill, that his frequent absence and sickness did not seriously interfere with his business. Even up to the last moment, patients continued to solicit his advice, and when he could no longer see them, desired to have their symptoms reported to him, in order to receive the benefit of his counsel.

Dr. Whitney excelled in that intuitive faculty which grasps a disease as a whole, and in that patient perseverance which follows it to the end, till health is restored. To this end his wonderful power of inspiring confidence greatly assisted.

Often solicited to enter the city, he remained steadfast to his beautiful country home, and satisfied with his honors and rewards. And now, his labors ended, beneath the leafy shadows of his own quiet and lovely burial place, all that is mortal of the faithful physician, the christian and friend, reposes.

A. M.

#### BELLADONNA IN ACUTE PERITONITIS—ITS ACTION UPON THE BLADDER—TREATMENT OF NOCTURNAL ENURESIS.

[THE following case is translated from the *Gazette des Hopitaux* for April 21, 1855, and the patient was under the care of M. Trousseau.—Eds.]

A girl, between 12 and 13 years of age, was taken suddenly, about five weeks since (date of record April 21st, 1855), with violent diarrhœa, accompanied by colic ; the abdomen being sensitive on pressure. On the day succeeding the attack, the diarrhœa ceased, but the pain of the abdomen continued, and there was enlarge-



ment of that cavity. The patient entered the Hospital (Hotel Dieu), and peritoneal effusion was diagnosticated.

From the mode of access of the affection, the rapidity of the process of effusion, the persistence of the pain and the sensitiveness of the abdomen, M. Trousseau decided that there was superficial inflammation of the peritoneum, which membrane secreted the fluid found to be effused. The first indication, in his opinion, was to annul the nervous sensibility, and thus gradually to stanch the morbid peritoneal secretion. To this end he directed that the abdomen be covered with an aqueous infusion of belladonna and opium, and that a large cataplasm be placed over it in addition. Under this treatment, continued for several successive days, the pain and tenderness on pressure were removed, and the effused fluid was very quickly absorbed.

This very rapid cure, which shows the great energy of the treatment (originating with Dr. Graves, of Dublin), is not the only result, of clinical importance, obtained. It was found, after the above medication, that the little patient had retention of urine. This is a very interesting fact in another point of view.

Some years since, a physician in Algeria published a work with the intention of showing that belladonna paralyzed the muscles of the bladder. The above case seems to support this writer's views; but another question attaches to the fact mentioned. The paralyzed condition of the bladder, under the action of belladonna, gives an explanation of the *modus operandi* of the treatment of nocturnal enuresis by belladonna, which was proposed empirically by M. Bretonneau a few years since.\*

Those affected with the above-mentioned infirmity lose their urine during their first sleep. Older children, it is presumed, take the precaution to urinate before lying down for the night; little children, also, are quite constantly made to pass their water before being placed in bed. It is not, then, because the bladder is distended to excess that the urine flows away. Moreover, we should observe that individuals who thus suffer by night hold their water very well by day; and that they even urinate slowly, or *stiffly*, as the common phrase is (*qu'ils pissent même en general roide, comme on dit vulgairement*). It is, indeed, only during the period of sleep, when the genital organs are more prone to excitation, that enuresis takes place. From these facts we naturally conclude, that relaxation of the sphincters is not the cause of the involuntary

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\* In the interesting monograph entitled *Therapeutical Virtues of Belladonna*, by Dr. Debreyne, and which was published in 1852, we find a short discussion upon the alleged claims of M. Bretonneau, Trousseau, Morand, Blache, Anglada, and certain others, to the discovery of the curative powers of belladonna in cases of nocturnal incontinence of urine. The year 1844 has been given as the date of the first researches and observations upon this subject. (*Memoires et Observations Cliniques de M. Morand*.) M. Trousseau affirms that M. Bretonneau had mentioned the efficacy of belladonna in the above affection to several physicians, long previous to 1844. M. Morand states that he had employed it in such cases since 1840. Finally, M. Debreyne himself declares that he had recourse to this remedy more than thirty years ago, but that he abandoned it, not finding it so successful as he had expected, possibly from defect in the preparation of the article used. He has since resumed it, and has found excellent effects from its use; he reports one remarkable instance, among several others.

emission of urine, but rather that this arises from a sort of erethism of the muscles of the bladder. Since, then, belladonna has the power of calming this erethism, and of diminishing the muscular contractility of the viscus, it seems to be very appropriately employed in the treatment of the affection referred to. This opinion is now established by numerous successful trials. M. Trousseau, in such cases, prescribes the aqueous mixture of belladonna to be used externally, with friction, and the powder of the same drug, to be given, internally, in the dose of from *one to two centigrammes* (one fifth to two fifths of a grain) daily.

If both nocturnal and diurnal incontinence of urine exist, however, the belladonna treatment should by no means be employed; such a procedure would be extremely faulty; for in such a case there is doubtless an actual relaxation, a more or less complete paralysis of the sphincter and vesical muscles, and this condition would be only increased by the administration of belladonna.

## Hospital Reports.

### MASSACHUSETTS GENERAL HOSPITAL.

*Incontinence of Urine of five years' standing, relieved by Injections of Nitrate of Silver.*—(Under care of Dr. STORER. Reported by Mr. JAMES C. WHITE, Medical House Pupil.)

Charlotte P., æt. 21, entered the Hospital April 13th, under the care of Dr. Jackson. She came to Boston from Nova Scotia three years ago, to get relief from incontinence of urine, and had, while here, been under the care of several physicians without benefit. The trouble commenced five years ago, quite gradually, but was not so severe as to prevent her engaging in the duties of a domestic. Occasionally, however, she was obliged to desist for two or three weeks, on account of dysuria. For a year past, the incontinence had been complete, the urine dribbling away continually, mixed with mucus and accompanied with scalding. For the last few weeks she had kept her bed. There had been loss of strength and flesh, with a diminution of the catamenia, within a few months, and an increasing weakness and tenderness of the hypogastrium. She knows no cause for the difficulty, nor when a child was she so afflicted.

*Analysis of the Urine*, by Dr. BACON.—Pale, cloudy, acid—density 1,018. A moderately large deposit of pus-globules, with some epithelium.

She was treated with infusion of buchu and juniper till May 1st, when she came under the care of Dr. Shattuck. During this time, there were days when there would be a slight diminution of the incontinence and dysuria, but only for a few hours duration.

The bladder was at this time examined with a sound, and found very irritable—not contracted, and without trace of a calculus. On the 7th, she complained of chilly turns at night, followed by excessive re-action. On the 10th, analysis of the urine showed very little change, merely a lighter specific gravity.

The treatment during the month of May consisted in the administration of various diuretics, but she suffered much from pain in hypochondrium, and the urine dribbled away nearly constantly.

June 1st, she came under the treatment of Dr. Storer.



2d.—On examination the vagina was found of a vivid red color, and the catheter was passed with much pain. A solution of nitrate of silver, gr. iv. to ℥i., was injected into the bladder, and the mucous membrane of the vagina was washed with the same.

3d.—Injection caused much pain, of two hours duration. There was still some soreness, but the incontinence was thought to be less.

4th.—The incontinence returned, and the injection, gr. ij. to ℥i., was repeated. Great suffering was produced by it, which was relieved only by the inhalation of ether; injections of slippery elm and laudanum being without effect.

5th.—The urine was passed only three times during five hours, and on the 6th there was still less incontinence, though she complained much of local pain.

12th.—The incontinence, which had been partial only, for several days past, became complete, and the injection was repeated of the same strength. Very severe pain was produced, and only relieved by inhalation of ether. Urine the next day passed but four times in fourteen hours. The injections were administered every day until the 18th, always with much pain, which was relieved by ether. On that day there was micturition but twice during sixteen hours. An analysis of the urine at this date, showed the presence of pus and epithelium, with mucus and oxalate of lime.

The same course of treatment was kept up until the 28th, when the injections were omitted, owing to the increasing tenderness in the hypogastric region and the large amount of pus in the urine. The mucous membrane of the bladder was also discharged in shreds, to a considerable amount. As a result of inflammation, also, the ammonio-magnesian phosphates and the phosphates of lime were discharged in very large amount. The pus became gelatinous and microscopically changed by the alkaline condition of the urine. Some albumen, referable, however, to the presence of pus, was also found. The health suffered generally from the severity of the symptoms, which were relieved at the end of a fortnight by injections of infusion ulmi and by leeches.

July 8th.—She was seized during the evening with convulsions, lasting nearly half an hour, resembling epilepsy. She had never before experienced such an attack; but it should be stated here, that she had six subsequent and similar attacks up to October 1st. On the 22d, no tenderness was felt upon pressure over hypogastric region, and the nights were generally passed without micturition. The incontinence returned, however, every afternoon.

August 3d.—Complained much of bearing-down pain about the bladder, and, on examination, the whole vagina was found of a vivid red color. Incontinence had much increased. A vaginal enema was directed, of nitrate of silver gr. vi. to ℥j. of water, but through mistake it was injected *per urethram*, and followed by great local suffering, but with entire relief of incontinence.

6th.—Having experienced so much relief from the use of the injections, she begged that they might be repeated, being willing to suffer the great pain they occasioned her. They were therefore ordered, gr. ij. to ℥j., to be given every day. At the end of four days there was another discharge of portions of the lining membrane of the bladder. They were again omitted until the 12th, when, on the return of incontinence, they were repeated. She continued perfectly free from difficulty till the 15th, when the symptom re-appeared, and an injection was again given. Relief was

complete, and this continued till the 21st, when an injection was again given. From this time up to Sept. 6th, she was entirely free from any incontinence, when, on its re-appearing, slightly, the same kind of injection was administered. A month has now passed without any return of the trouble. The urine is passed three or four times only, daily, and she feels entirely relieved. Before the adoption of this treatment, not a day had passed, for five years, without her being obliged either to pass her water several times an hour, or to let it dribble away involuntarily. She now feels that she has a perfect control over her bladder, but still remains in hospital for a short time, to recruit her strength before returning to Nova Scotia.

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*Caries of the Upper Jaw, from exposure to the Fumes of Phosphorus.—*  
(Under the care of Dr. CABOT.)

Alice Donohue, æt. 21, born in Ireland, entered the Hospital July 21st, 1855. For the last three years she had worked in a friction-match factory. About two years before her entrance into the Hospital, she began to have severe pain in the second molar tooth of the left upper jaw. The tooth was carious, and was removed, but the wound always remained open, although the pain ceased. Last December, there was swelling affecting the whole gum on that side, and extending inwards to a considerable extent over the roof of the mouth. Soon after this, there was a discharge of pus from the alveolus of the tooth, and also from the left nostril, and this state of things still continued, the swelling not having diminished since the abscess first broke. Soon after the tooth became affected, one of the others became loose and painful, and was extracted. Meantime the left cheek had become unnaturally full, and still remains so. In March, the alveolar process was found to be diseased, and all the remaining teeth of that maxilla were extracted except the two incisors, and the wisdom tooth. Several pieces of dead bone were removed, and the antrum was found to communicate with the mouth. In May, the jaw became again the seat of pain, which in the course of a month increased to such a degree as to prevent sleep. More dead bone was removed, and the patient was advised to leave the match factory, which she did. Since June 1st, one of the remaining incisors has been removed. The dens sapientiæ has not yet appeared.

On entrance, there was much swelling, soreness and pain about the gum and roof of the mouth. The middle incisor remained, but was quite loose. The antrum was open, and there was a good deal of semi-purulent, offensive discharge. The patient was etherized, and several small fragments of carious bone were removed. A gargle of ten grains of tannin to an ounce of rose-water was ordered.

The patient was very much relieved by the operation, and slept well. The offensive odor of the discharge was almost entirely corrected by the gargle. On the 11th of August, Dr. Cabot removed the remaining incisor, and some fragments of dead bone, one of them being as large as a walnut. On the 24th, the wisdom tooth was removed, with a small portion of the alveolar process. The patient was relieved from pain, continued to improve, and was discharged, well, on the 24th September.



### Bibliographical Notices.

*Elements of Medicine : a Compendious View of Pathology and Therapeutics ; or the History and Treatment of Diseases.* By SAMUEL HENRY DICKSON, M.D., LL.D., Professor of the Institutes and Practice of Physic in the Medical College of the State of South Carolina. Philadelphia : Blanchard & Lea. 1855. Pp. 752.

This book is eminently what it professes to be ; a distinguished merit in these days. Designed for "Teachers and Students of Medicine," and admirably suited to their wants, we think it will be received, on its own merits, with a hearty welcome. Whenever the more advanced practitioner has occasion to refer to Treatises on the Practice of Medicine, he will consult this volume with pleasure and profit, although he may find the works of Watson and Wood more suited to his purposes. While mentioning these, we take occasion to express our surprise that so few practitioners, in this neighborhood at least, have upon their shelves the invaluable work of Grissolle upon "Internal Pathology." The real worth and large amount of information possessed by this treatise, can hardly be appreciated ; it is a worthy companion to the "General Pathology" of M. Chomel.

Dr. Dickson writes in a clear and vigorous style, and evinces extended and varied research. An esteemed friend, who examined the work at our request, thus speaks of it in general terms :—"It seems to be a good book for students in medicine and for young practitioners ; it advances no new ideas in theory or practice, but appears to be a *resumé* of all the improvements in therapeutics and diagnosis, since the days of Watson and Wood. One good trait I noticed ;—it avoids, in a great degree, allusions to many theories and opinions ; states what is now *known*, and advocates, in *some measure*, a less frequent use of the lancet and a greater reliance on the recuperative powers of nature."

This opinion covers the ground so well, that we need hardly say more in reference to the scope and design of the work. With our correspondent, we consider the freedom from theoretical discussions and finely spun imaginations one of the greatest recommendations of this or any work on practical medicine. The time allotted to studentship is short enough, at best ; and should be given to the acquisition of the *unmixed* "Elements" of medicine and surgery.

We conclude our notice with a few specifications of subjects, &c.

Under Etiology, dietetics are sensibly referred to among "Incidental Causes." We see that Dr. Dickson notices a custom, so universal that we suppose it will be considered as stereotyped, and consequently never to be broken up. We think every medical man will agree with our author in questioning the safety of the habit ; we should adopt even unqualified condemnation of it, and have done so many times in the cases of dyspeptics. "Man is the only animal," says Dr. D., "who drinks while he is eating, and it is worthy of consideration whether this habit is not hurtful. The gastric juices must be thus diluted, and the temperature of the stomach lowered greatly. This is especially true at the present day, when all our beverages are either drunk as hot as we can swallow them, or cooled by ice nearly to the freezing point. Those who follow abruptly a basin of soup with a draught of iced-water or champagne, unquestionably run an unphilosophical risk, the consequences of which they will not always, probably, evade."—(Pp. 36, 37.)

"Occupations" are commented upon with much sagacity, and a large

amount of information absolutely requisite to students of medicine, is given in that condensed form best suited to their requirements, and most easily retained by the memory.—(Pp. 42—46.)

“Dyspepsia” is considered at some length among the individual descriptions of diseases. The author gives us a very sensible enumeration of causes and effects, and the chapter may be read with great advantage by every one. The effect of the passions and mental emotions, in the causation and aggravation of dyspepsia in its various forms, is well noticed. In no one of the different phases of this disease (which may almost be termed a *national* one with us), is the influence of these causes more marked than in pyrosis; instances under our own observation have confirmed this opinion. Anxiety, care and excessive devotion to business, with over, and hasty feeding, are the ever-present causes of a vast amount of disease, whose first manifestation is a simple indigestion.

We can cheerfully recommend this book as carefully prepared, well written, and suited to answer the ends for which its author says it was composed.

The external appearance of the volume accords with the excellence which almost uniformly attaches to the publications of Messrs. Blanchard & Lea. The rather lengthy list of “Errata” is to be regretted, and we have observed that two or three additions to it might be made.

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*American Eclectic Obstetrics.*—By JOHN KING, M.D., Professor of Obstetrics and Diseases of Women and Children in the Eclectic Medical Institute of Cincinnati, Ohio; Author of the “American Eclectic Dispensatory, &c.

Our readers are well aware that we have no sympathies with the so-called “Eclectic” school of medicine. Our science can never be advanced by a system which sets itself in opposition to regularly educated practitioners, which decries medical schools of established reputation, which derives all the good which it possesses from that portion of the profession which it affects to despise and endeavors to injure. Although this is the general tone of the eclectic press, we are happy to say that Dr. King is far more liberal than most of his brethren towards the regular profession. We quote, in justice to him, his sentiments on this subject.

“Yet it is not in accordance with Eclectic precepts and teachings to assume an arbitrary authority in any matters connected with the science of medicine; it is the right—it is the imperative duty of every physician to thoroughly and impartially investigate every subject connected with his profession, no matter by whom presented; he cannot, with any degree of justification, attach his medical faith to the sleeves of any man—he alone is responsible for the health and lives of his patients—and, after a fair examination of medical matters, it is equally his right and duty to pursue those views and measures which he has decided to be correct, carefully avoiding, however, every means which past experience has demonstrated to be injurious and deleterious to the human system. This is American Eclecticism, and that physician only, who rigidly and honorably follows this plan, no matter in what school he may have graduated, is the true American Eclectic. Therefore, while not desiring to authoritatively force any partial or sectarian views and treatment of Midwifery upon the Profession, the Author sincerely hopes that sufficient credence will be accorded to the statements herein given, as to induce others to test and avail themselves of the remedies and treatment which, in his estimation, are unequalled by any others known.”

We have carefully examined Dr. King’s work, and can honestly recom-



mend it as a safe and judicious guide both to the student and to the practitioner of midwifery. In the treatment of the different subjects it differs but little, if at all, from the standard works on obstetrics in the English language, except that the employment of a number of articles of the *materia medica* not much in vogue among regular practitioners is much insisted on in the medical treatment of women in the puerperal state. At the close of the volume is a short treatise on "*obstetric materia medica*," in which these medicines and their effects are described. Those physicians who are unacquainted with *Podophyllin*, *Gelseminum*, *Cimicifuga*, *Aletris*, *Asclepias*, *Gossypium herbaceum* (cotton), &c., will here find full accounts of their alleged virtues. The work is well printed, and illustrated by numerous wood engravings. Published by Moore, Wiltach, Keys & Co., Cincinnati, O.

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*Osteological Memoirs*, No. 1.—*The Clavicle*. By JOHN STRUTHERS, M.D., Fellow of the Royal College of Surgeons of Edinburgh; Lecturer on Anatomy. Edinburgh: Sutherland & Knox, 60 South Bridge. London: Simpkin, Marshall & Co. 1855. Pp. 90.

An admirably printed pamphlet with the above title constitutes the first of "an intended series" of memoirs, each of which will, however, "be complete in itself." We have examined the first with great satisfaction, and believe that anatomists will thank Mr. Struthers most heartily for his contribution to their treasures. The author says, very truly, that descriptive anatomy is "far from being an exhausted science." The chief value of this little volume is that all its results are derived from practical experience. All the descriptions are from Nature; nothing is taken at second-hand. The style is lucid and conducive to easy recollection; the measurements are the result of many careful comparisons; the various points of importance and interest are most thoroughly discussed, and the whole is brought within the easy limits of ninety pages, and is so interesting, that we could wish for as many more.

The clavicle is, at first, generally considered, and subsequently its relations, form, varieties, relative strength of its different parts, results of fracture, principles of construction and mechanism, structure, variations with sex and side of body, &c.

We consider this book a most valuable addition to a medical library. While professed anatomists and surgeons will frequently consult it with advantage, students will find it an invaluable manual. The directions of the author, however, should be strictly followed, if all the benefit possible would be realized:—he says, "I must request that he (the reader) will take the bone in his hand, or indeed, have several specimens of it before him, so that he may follow me in the process by which the results are arrived at. He will thus see what the difficulties have been, and in the end will understand the bone."—(*Preface*.)

Examined in this manner, the bones acquire an absorbing interest, and, indeed, thus only can a true knowledge of them be acquired. Too often they are "dawdled" over by students, who soon grow weary of their dry description; but any one who will follow out the author's plan, can hardly fail to find pleasure as well as profit.

There is so much that is excellent as well as modest in the prefatory remarks, that we transcribe a portion of them. The author says,

"Each new discovery, or method, or addition, opens the way to farther research and thought, and each new and greater application brings out new facts and principles, which gradually unfold themselves under the patient

exercise of observation and thought, the combined use of the bodily and mental eye. I do not write thus of anatomy from enthusiasm, ten years in a dissecting room and at the lecture table afford ample time and occasion for mere enthusiasm to cool; but the longer I teach it, and the more I look into it, the more do I find it a rich field inviting new and farther investigation.

"These Memoirs I offer to my fellow-anatomists as mere fragments of Osteology, from among the fruits of study in leisure hours, conscious of their many imperfections; asking them, in the words of a well-known writer, to 'remember that the only merit to which I lay claim is that of patient research—a merit in which, whoever wills, may rival or surpass me; and that this humble faculty of patience, when rightly directed, may lead to more extraordinary developments of idea, than even genius itself. What I had been slowly deciphering, were the ideas of God as developed in the mechanism and framework of his creatures.'"

We predict a wide circulation for this and the promised numbers of the series.

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*The Book of Prescriptions, containing 2900 prescriptions collected from the Practice of the most eminent Physicians, English and foreign, &c.* By HENRY BEASLEY. Philadelphia: Lindsay & Blakiston. 1857. 12 mo. Pp. 369.

Mr. Beasley is well known as the author of the "Medical Formulary," and the "Druggist's Receipt Book," both of which are works of great value, and have gone through numerous editions in England and this country. The present work consists of a very extensive collection of prescriptions, derived from competent authority, and each placed under a short description of the principal ingredient. The arrangement is alphabetical, thus affording the most convenient means to the physician of finding, under any article of the materia medica, the various combinations with other medicines of which it is capable, with the most useful formulæ as recommended by high authority. The plan of the work is novel, and it cannot fail to be highly useful. The weights and measures of the foreign prescriptions are of course rendered into the corresponding English ones, but we would suggest the propriety of adding, in a future edition, a few tables by which one could find at a glance the English weight or measure corresponding to the French, without the necessity of going through a calculation. This is especially necessary for French fluid measures, which are always expressed (by medical writers) in weights, and which there is no convenient way of readily converting into English ones. The execution of the American edition does credit to the publishers, whose enterprise, we observe, outstrips time itself; the work having been printed (as if by electric telegraph) in 1857!

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*American Veterinary Journal, devoted to the Diffusion of Veterinary Knowledge.*—By GEO. H. DADD, M.D.

WE have received the first number of this Journal, which contains several interesting articles on veterinary subjects. We hope the Journal will be liberally sustained. If well conducted, it cannot fail to be a great advantage to all interested in horses and agriculture. The work is well printed, and will be published monthly at the low price of one dollar per annum, or six copies for five dollars. Published by S. N. Thompson, 97 Union St., Boston.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, OCTOBER 25, 1855.
 

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## ON THE ORTHOGRAPHY OF WHOOPING COUGH.

THE last number of the Medical Examiner (of Philadelphia) comments upon some remarks in our issue of Sept. 20th, on the proper manner of spelling *Whooping-cough*, and quotes Webster, Walker, Drs. Wood, Copland, Watson, Williams, Forbes, Walshe and others, all of whom write it with an H. The Examiner concludes by saying, "We do not intend to *hoop* or make a loud cry about the matter; all that we wish to know of our orthographical friend is, whether he still holds on to his W. We pause for a reply."

We regret to have made our esteemed contemporary pause so long;—strictly professional matters have prevented us from bestowing that attention upon a point of philology which the editor of the Examiner thinks the subject demands. Our chief reason for retaining the W in spelling "Whooping Cough," is that although the word is written both ways by lexicographers and authors, yet it is derived from a word beginning with that letter. Dr. Johnson says, "To Hoop, [from *wopgan*, or *wopyan*, Goth.; or *houper*, Fr., derived from the Gothic. This word is generally written *whoop*, which is the more proper if we deduce it from the Gothic; and *hoop*, if we derive it from the French], to shout," &c. (Dictionary, 4to ed. London, 1822.) Richardson, Webster and other authorities follow Johnson. The French of course omitted the W., because the letter does not exist in their language, and as they have no other similar word with which it might be confounded, this gave rise to no inconvenience. But surely there was every reason for retaining the prefix in English, where the letter already existed, and where its employment served to distinguish the word from another, similarly pronounced, but of wholly different meaning; and in fact the word was written both with, as well as without, the W, by the early English writers. We may observe, by the way, that when the W was omitted, the French orthography was employed throughout, "*houpe*." Thus in Chaucer (The Nonnes Preestes Tale), "And therewithal they shriked and they *houped*." Whereas Spenser (Faerie Queene), writes "Whooping and hallowing on euery part." We take it for granted that Webster, in citing Shakspeare as an authority for the employment of the word "Hoop" in the sense of "to drive with a shout or outcry," did not mean to intimate that it is spelled without the W in any edition of the Poet's works. "Hoop" in the above sense nowhere occurs in Shakspeare, although the word *whoop* is found twice, *whooped* once, and *whooping* once.

Desirous of obtaining all possible information upon the subject, we applied to a friend whose philological learning gives great weight to his opinion; he kindly furnished us with the following list of words, some one of which is probably the primitive from which *whoop* is derived;—they are taken from several kindred languages, now mostly extinct. *Hop* (Saxon), anything circular. *Hopen* (Sax.), to surround. *Wyope* (Mæso-Gothic), cry of suffering. *Wopyan* (Old German), to shout, to clamor. *Wyopen* (Old Danish and Norse), to cry with pain. *Yape* (Swedish), to cry out, to cry with difficulty. *Hwt* (Welch), shout, clamor, cry of the owl. *Hwodh* (Erse), cry of the owl.

Since both methods are sanctioned by usage, that ought to be adopted which is most conformable to the primitive word, and most likely to prevent confusion; and although a considerable number of eminent medical writers omit the W, we need hardly say that we consider them of no authority in matters of orthography. We assure our friend of the Examiner, that *we still hold on to our W.*

#### NIGHT ALARM FOR PHYSICIANS.

By invitation, we have recently examined, at Joy's Building in this city, an invention that must prove exceedingly serviceable to active medical practitioners, and we have no doubt a description of it would prove interesting to them. In the first place, there is a kind of clock movement—a coiled spring, a ratchet wheel and a small bell—which may be screwed to the wall in a sleeping-chamber, at the head of the bed or over a dressing table, and a wire leads from it to the door-bell. On retiring, it is wound up, and the alarm wire is simply hooked on. When the bell-pull is drawn, at the front door, the alarm bell begins to strike rapidly, and in the same moment a match lights a spirit lamp. Thus the physician is not only roused, but he finds himself furnished with a bright light by the faithful monitor. Such is the simplicity of the machine, that it rarely becomes disordered; and, another point essential to its introduction, is its cheapness. Apothecaries would be equally benefited by the use of this night alarm; and as it is important that they should be in a condition to accommodate the public immediately on call, this invention bids fair to become a favorite with them.

#### DR. MATTSON'S NEW SYRINGE.

WE would call attention to Dr. Mattson's new elastic syringe, which physicians have occasion for recommending to some of their patients. One of its peculiarities is, that there is no piston, and hence it is always in order. The mechanical nicety and finish of the instrument, together with its portability, packed away in a small case, contrasts favorably with those heavy block-tin contrivances so generally in use. Medical gentlemen are recommended to examine this convenient apparatus, at the drug stores, since it may be a gratification, at least, to mark the progress that is going on in this department as in almost every other in this utilitarian age.

The accompanying wood-cut illustration will give the reader a good idea of the construction of the instrument, as well as of the method of holding it when in use. Nothing could be more simple or admirable. T. Metcalf & Co., 39 Tremont St., are Agents.



#### QUARANTINE AND YELLOW FEVER AT NATCHEZ.

The following statements respecting the thorough trial of a strict quarantine to protect the city of Natchez against the admission of yellow fever, are from the last number of the New Orleans Medical News and Hospital Gazette. We unite our regret with that of the writer, that so rigid a quarantine should have proved wholly ineffectual in this instance.



"One of the most interesting and important circumstances connected with the history of yellow fever is its recent appearance at Natchez, Miss. Having suffered from this scourge in 1853 to an extent truly appalling, the community, instigated by one of their most able and accomplished physicians, determined on the establishment of quarantine during the summer of 1854, hoping thus to preserve the health of their city. All accounts would lead us to infer that this quarantine was as rigidly enforced as human efforts would admit of. Natchez escaped an epidemic, and the existence of even a single case during the season was never officially announced or admitted, so far as we are aware. We must not omit to say, however, that one or more of the most intelligent of the Faculty declared the existence of one or more palpable cases, and, if we mistake not, there was considerable excitement, and, perhaps, asperity of feeling exhibited by our brethren there through the medium of the newspapers. The absence of anything approaching an epidemic, however, satisfied the community, and they were convinced that they had found in quarantine a guardian angel for all future time.

"As soon as yellow fever was announced in New Orleans this summer, the City Council of Natchez determined on the re-establishment of quarantine, and all accounts tend to show that the same was, if possible, more rigidly enforced than it was in 1854. What has been the unhappy result? The following extract from a Natchez paper will show :

[The extract alluded to contains the proceedings of the Board of Health of Natchez on the 8th of September last, when it was announced by Dr. Blackburn, Health Officer, that yellow fever existed in the city ; and resolutions were passed that the citizens be officially notified of the fact, and advised to take such measures for their safety as they might deem best.]

"We must say that we most heartily sympathize with the community of Natchez, both in their distress and their disappointment, and we sincerely trust that their sufferings this season may be very limited. It is a matter of sincere regret that we have to cite their city as an instance of the failure of rigid quarantine to prevent the ravages of yellow fever. The non-existence of yellow fever in Natchez last year (taking only official announcement), was negative evidence in favor of quarantine ; the existence of yellow fever this year, is affirmative evidence against it. Is it to be tried again ?"

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*Books received.*—The Case of Luigi Buranelli, Medico-legally considered. By Forbes Winslow, M.D., D.C.L., &c.—Statistics of two hundred and fifty-eight cases of Intestinal Obstruction, with Remarks. By S. Foster Haven, M.D. (From the American Journal of the Med. Sciences). (From the author.)—Principles of Human Physiology, &c. By William B. Carpenter, M.D., F.R.S., F.G.S., &c. New American, from the last London Edition : edited by Francis Gurney Smith, M.D. (From Sanborn, Carter & Bazin.)—Manual of Directions for the Employment of Injections in various Diseases, &c. By M. Maltson, M.D. (From the author.)

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**MARRIED.**—At Cambridge, on the 9th inst., Dr Charles Martin, U. S. N., to Miss Fanny J., daughter of the late Pemberton Ward, of Brookfield.—In Brookline, 13th inst., Dr. A. P. Chamberlain, of Springfield, Vt., to Miss Corinne P., daughter of A. A. Frazier, Esq., of B.—At Providence, 15th inst., Dr. E. C. Angell, of San Francisco, to Miss Minerva Rogerson, eldest daughter of Rufus Greene, Esq., of Providence.

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**DIED.**—At Tyngsboro', 18th inst., Augustus F. Pierce, M.D., aged 23.

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*Deaths in Boston* for the week ending Saturday noon, Oct. 20th, 66. Males. 35—females, 31. Apoplexy, 1—inflammation of brain, 3—disease of the brain, 1—bronchitis, 1—consumption, 6—convulsions, 2—cholera infantum, 5—croup. 2—dysentery, 1—dropsy, 1—dropsy in the head, 4—infantile diseases, 9—puerperal, 1—typhoid fever, 5—scarlet fever, 1—bilious fever, 2—whooping cough, 1—inflammation of the lungs, 2—disease of the liver, 1—marasmus, 2—measles, 2—syphilis, 1—smallpox, 2—scalded, 1—teething, 4—thrush, 1—unknown, 3—worms, 1.

Under 5 years, 39—between 5 and 20 years, 7—between 20 and 40 years, 10—between 40 and 60 years, 8—above 60 years, 2. Born in the United States, 50—Ireland, 12—England, 2—British Provinces, 2.

*Upon the Digestibility of Iodide of Starch.* By Dr. JUTTE.—Many physicians, when prescribing preparations of iodine, forbid the use of amylaceous food; acting upon the theory, that, from the great affinity of iodine to starch, the iodide of starch must be formed, which, as such, would pass from the body *undissolved*, whereby the action of the medicine would be weakened or wholly destroyed. The iodide of starch is, however, of so unstable a composition that it is easily decomposed, even by the saliva; the iodine entering again into soluble *absorbable* combinations, can be again recognised in the urine. In order to prove this, the author gave frequently the iodide of starch. It was prepared in the following manner:—One ounce of wet starch was rubbed up with two drachms of the tincture of iodine, and the mass dried. Of this powder there were taken, three times daily, ten grains, corresponding to one quarter of a grain of iodine at a dose. The examination of the urine was conducted in the following manner:—The urine was mixed with some pulverized starch in a small proof-glass, then a sufficient quantity of chlorine water was added; the previous white fluid became more or less violet-colored from the presence of the iodine; else a large quantity of the urine was evaporated to one-tenth of its volume, then a few drops of sulphuric acid added, and immediately a paper spread with starch paste held over it. In every case, when the iodide of starch had been taken, the author succeeded in detecting the presence of iodine in the urine. Sometimes it was difficult, immediately after the first dose of the iodide, to detect the iodine, there being but a slight re-action, on account of the insufficient sensibility of the re-agent, which, however, becomes evident when several doses are given. In such cases, one can use the chloride of palladium, which is extremely sensitive, and leaves no doubt of the final passage of the iodine into the urine. It seems, therefore, unnecessary to deny the use of amylaceous food to patients while taking iodine.—*Translated for the Medical Examiner.*

*Upon the inefficacy of the Phosphate of Lime.*—Experiments have been instituted in the Bethany Hospital, at Berlin, with reference to the use of the phosphate of lime recommended by Beneke, in cases of atrophical children, persons with scrofulous affections, caries of the joints, suppurating lymphatic glands, spina ventosa, &c. Not the slightest improvement, not even the amelioration of a symptom, was evidenced. In every instance, an increase of the affection was observed. The preparation ordered was from two to four grains three times daily, which was continued without interruption for eight weeks.—*ib.*

*Percyanide of Mercury in Syphilitic Ulceration of the Tongue.*—Mr. Wormald, at St. Bartholomew's Hospital, has recently been employing a saturated solution of the bicyanide of mercury, as an application to syphilitic ulcerations, abrasions, &c., on the tongue. Without speaking very enthusiastically respecting it, he states that he has obtained more satisfactory results from it than from any remedy he had previously employed. The solution is painted over the affected part, care of course being taken that the patient do not swallow any quantity of it. The extremely intractable nature of this form of syphilis is matter of general remark.—*Medical Times and Gazette.*

*New York College of Physicians and Surgeons.*—Professor Dalton's Introductory to the Winter Course of Lectures, at the College of Physicians and Surgeons, was attended by a crowd that completely filled the upper theatre of the old building, No. 67 Crosby street. About thirty ladies were present. At 8 o'clock, Dr. Alex. H. Stevens, the President, stated that this was the forty-ninth anniversary of the College. Dr. Henry recited an impressive prayer. Eight young gentlemen received the honors of the Doctorate, at the hands of Dr. Stevens, in the usual manner. The Doctor stated that he was about to retire into private life, and gave a brief outline of his professional career. This he did in a very feeling manner, and addressed himself very pertinently to his young friends thus inducted into professional practice. Dr. Dalton delivered the Introductory. His matter was so pleasing, and his style so easy, as to secure the closest attention, and elicit, at its termination, the warmest applause.—*N. Y. Daily Times.*

Dr. H. D. Bulkley has resumed the editorship of the New York Medical Times.



## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, NOVEMBER 1, 1855.

No. 14.

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### THE EPIDEMIC AT NORFOLK AND PORTSMOUTH, VA.

[THE following account, extracted from the "New Orleans Medical News and Gazette," gives some interesting information relative to the yellow fever as manifested in the above cities. It is from the pen of Dr. E. D. Fenner, of New Orleans, and was written at Norfolk, under date of September 14, 1855. The remarks relative to the management of the disease are valuable, coming as they do from one whose experience has been extensive, and whose qualifications as a physician and writer are well known.—EDS.]

According to promise, I shall endeavor to give you a brief sketch of the terrible epidemic that is now devastating this beautiful city. Your worthy colleague, Dr. Beard, and I, arrived here on Saturday evening the 25th August, and were most cordially welcomed, both by the medical profession and the citizens generally. We were grieved to learn, however, that the Mayor, Mr. Woodis, was seriously ill with the fever, and on the following morning he died. The untimely death of the Mayor caused us some little embarrassment, as our credentials were chiefly addressed to him, but we were assured on all sides that our visit was most opportune, and that our professional services would be most gratefully accepted.

We found the remaining inhabitants of both Portsmouth and Norfolk in a state of complete consternation, at the dreadful ravages of the pestilence, and all business was stopped, save that of administering to the sick and burying the dead. We were told that much the greater part of the population had fled from Norfolk after the epidemic was declared, and those who were compelled to remain, lived in continued apprehension of attack. We took up our abode at the National, the only hotel open in Norfolk, and the general rendezvous of both citizens and visitors. We here met with our townsman, Dr. T. Penniston, who had come to Virginia, his native State, to spend a pleasant summer, but on hearing the cry of distress that went forth from Norfolk and Portsmouth, he nobly came to the rescue, and was doing everything in his power to relieve the sick. Dr. Stone, too, of our city, had called here for a few days, on his way to the North, and did good service by going round with the resident physicians, and instructing them how to

treat and nurse their patients. It must be recollected that the physicians of Norfolk, although a highly-intelligent and well-educated faculty, had little or no experience in the treatment of yellow fever, not one of them having ever been through an epidemic. Under such circumstances, it may be readily imagined what embarrassment they would feel, not only in the *treatment*, but also the *nursing* of patients in this disease. We also found actively engaged here, Dr. Freeman, of Philadelphia, who said he had seen a great deal of the disease in the West Indies, and had it there himself, but had never devoted much attention to its treatment. The doctor was indefatigable in his exertions, and certainly did *good service*. Such was the extent of *experience* that had been offered in aid of the Norfolk physicians previous to our arrival.

A temporary hospital had been established some three or four miles from the city, the act of removing patients to which probably caused the loss of more lives than were saved after getting there; and, in addition, the United States Naval Hospital at Portsmouth (a splendid establishment) was thrown open for the reception of the sick; but, on account of its remoteness from both towns it was liable to the same objection as the first named; the patients were greatly injured, if not ruined, by the effort to get there. The epidemic was rapidly spreading, and the number of sick, of all classes, was already so great, that it was impossible for them to be properly attended to at their houses.

As for experienced nurses, there were but two or three at that time in the city, and they had but recently arrived.

On the 27th of August, Dr. Beard and I were invited to attend a joint meeting of the Howard Association, Board of Health and City Government, called for the purpose of considering the state of the public health, and devising some more efficient means of affording relief to the afflicted citizens, especially the *poor*. Being called on for our views, we suggested the immediate establishment of a large hospital, in a central part of the city, for the reception and treatment of all who might apply for admission; and, farther, that the poor who could not be well attended at home, should be taken to the hospital *nolens volens*. Our suggestion was adopted, and a committee was appointed with full power to carry it into effect as speedily as possible. We were requested to coöperate with this committee in the selection of a suitable building, to superintend its organization, and take entire control of its medical management. The old City Hotel, on Main street, which had recently been evacuated, was obtained, and found to be admirably adapted to the purpose. By the extraordinary efforts of the committee, it was very soon cleaned and fitted up, and in less than three days we were prepared to receive patients. Fifteen were admitted the first day, and for a short time the influx was as rapid as accommodations could be prepared. A few days after we got under way, a number of physicians, experienced in yellow fever, arrived from other southern cities, to whom wards were distributed with unlimited



control. Those who first entered on duty, were Drs. Huger of Charleston, Reid of Savannah, and Campbell of New Orleans. The latter, however, soon asked to be relieved, and Dr. Miller, of Mobile, who arrived about that time, kindly took his place. A few days since, Dr. Huger returned home, and Dr. Skrine, of Charleston, took his wards. Dr. Beard left Norfolk about the 5th of September, and I only retained to myself some small rooms appropriated to the better class of patients, and also, the large *negro ward*. We very soon had the hospital equipped with every desirable convenience, and it then went on very smoothly.

The largest number of patients in the hospital at any one time, was about 75.

The whole number of admissions, from the 29th August, when it commenced, up to the 14th September, the day before I left, was about 193, of which 143 were white, and 50 negroes.

Total number of deaths, 69, of which *three* were colored. One of these entered in a hopeless state; 1 an intemperate man, and 1 a bright mulatto girl.

The total number discharged was 78.

The number remaining in the house was 46; of which 31 were whites, and 15 blacks.

The mortality was  $34\frac{3}{4}$  per cent, or 1 to 2.80 of the admissions.

This rate of mortality will compare most favorably with any yellow fever hospital that was ever opened in any part of the world; and when we consider that here, as at the Charity of New Orleans, patients were admitted in all stages of the disease, some of them actually *moribund*, and that nearly half of the deaths occurred *within thirty hours after admission*, the general result will appear still more satisfactory. It is but just to say, that the credit of these very favorable results is chiefly due to those physicians who had charge of the principal wards, and I take pleasure in testifying to the kind and vigilant attention they bestowed upon them. There came on from Savannah and Charleston, a number of second-course medical students, who rendered important assistance in the wards, and in conducting the apothecary department. I am sorry to have to add, that several of these noble young fellows are now down with the fever, and two of them in a dangerous state. In the management of my wards, I received much assistance from young Dr. Bignon, of Augusta, Ga., who was with us at the Charity Hospital last winter.

So much for the new *Howard Infirmary*, which, notwithstanding the favorable results just presented, was signalized as a *slaughter-house* by a correspondent of one of the Petersburg papers. Indeed, it was somewhat remarkable to see in the newspapers, the strange and exaggerated reports that were put in circulation by their Norfolk correspondents. Dame *Rumor* seems to have revelled in the calamities that overwhelmed this ill-fated city; multiplying the horrors of the epidemic, killing off people, bringing them to life, and then slaying them over again, thus harrowing up the

feelings of distant relations and friends. The naked truth and sad realities were bad enough, without being heightened by fancy or falsehood.

When I arrived in Norfolk, the epidemic was increasing with frightful rapidity, every day adding many new cases to the already enormous list. Some of the physicians told me that they had from 50 to 75 patients on their visiting list. It was almost impossible to obtain carriages enough, and the fatigue was consequently very great. Fortunately, benevolent physicians and nurses continued to come in from all directions, in sufficient number to supply the increasing demand for medical aid; but, on the other hand, many of these noble spirits were themselves liable to take the disease, and in a short time they began to succumb. Among all the distressing scenes around me, I witnessed no objects more worthy of sympathy than those benevolent physicians and nurses, who had rushed into the midst of imminent danger, with the hope of saving some of their fellow-beings. Cases of this kind became so numerous, and the danger so evident, that the editors of newspapers, before they all suspended, issued separate warnings to all unacclimated persons, and advised them to stay away, as they could do but little good. But it was of no use: they continued to come in, regardless of danger, and were almost invariably attacked shortly after arriving. Thus perished Dr. P. C. Gooch, of Richmond, a gentleman of fine attainments, and founder of the Virginia Stethoscope; Dr. Smith, of Columbia, Pa., a young physician who had gained considerable distinction in a severe epidemic of cholera that prevailed there last year; and Dr. Craycroft, of Philadelphia, a very clever young man. Many others were attacked, but had the good fortune to recover. Among these, were Dr. Morris, of Baltimore, a gentleman who came early in the epidemic, having resolved to risk his life in learning to combat a disease, which might soon visit his own beloved city. He did a very large practice before he was taken down, and fortunately had but a mild attack. Dr. Marsh, of Philadelphia, had yellow fever fifteen years ago at Apalachicola, and thought himself safe; but he was attacked. And so, likewise, Dr. West, of New York, was attacked, notwithstanding he had been in Savannah during the terrible epidemic of last year. A number of visitors were attacked, who had suffered the disease in other places. Among these, were some of the medical students from Savannah and Charleston. We had a case in the hospital of an old man, who said he had the disease in 1796. He was one of the very few old men who recovered from this epidemic. As in New Orleans in 1853, several persons had two attacks of this fever, though the first was generally mild.

The resident physicians of both Norfolk and Portsmouth, suffered severely from the epidemic, no less than seven having died in the former place, viz., Drs. Higgins, Constable, Halson, Briggs, Nash, and the two Drs. Sylvester; and three in Portsmouth, Dr. Trugin and two others. Dr. William Selden and Dr. Schoolfield have



been attacked, and recovered. But five of the Norfolk physicians have escaped thus far, and two of these have suspended practice on account of affliction in their own families. Drs. Moore, Wright and Henry Selden, are the only ones who have kept going all the time. The rest of the practice is attended to by strangers.

*General Character of the Disease.*—Although there was a great number of mild attacks that yielded readily to treatment, I think the epidemic may be said to be one of the severest and most fatal ever witnessed. Black vomit was commonly observed in fatal cases, though there were numerous recoveries, especially in young persons, after the appearance of this usually fatal symptom. Uterine hæmorrhage was exceedingly common, but other hæmorrhages were more rare than we usually see in New Orleans.

*Suppression of urine* was exceedingly common in the later stages, and almost invariably a fatal symptom.

The febrile excitement was generally of a *low grade* for yellow fever, and sanguineous depletion was but seldom strongly indicated; yet, I have no doubt that many cases would have been benefited by the more free use of cups and leeches than was practised.

The pains of the head, back and limbs, were less severe, I think, than we commonly observe in New Orleans.

There was a general tendency in the old, or those who had passed the meridian of life, to sink after reaching the critical stage, although the symptoms had been mild from the beginning. There appeared to be a want of recuperative energy in the system, which could not always be acted on by stimulants and nourishment in the hour of need. *Delirium* was often observed, and was, generally, a bad symptom. Yellowness of the eyes and skin commonly appeared at the critical stage, and was most intense in severe and fatal cases.

*Treatment.*—Among such a number of physicians as was assembled at Norfolk and Portsmouth from various places, you will not wonder that quite a variety of treatment was pursued. The first and great difficulty labored under by the resident physicians, a highly-intelligent and well-educated body, arose from a want of familiarity with the *natural aspect and course* of the disease; and the next, a lack of experience in the effects of remedies upon it. We may readily imagine the embarrassments that would necessarily arise from these two sources. It is vain to expect to obtain from books all the information that is wanted in the management of this or any other disease. Much that is readily useful cannot be expressed either by the *tongue* or *pen*. To know how an ordinary case would progress to a favorable or fatal termination *without any interference of art*—when a case is doing *well* or *badly*—and above all, when we should stop giving medicine and trust to the *effects of nature*, can alone be obtained from *observation and experience*. To know how a yellow-fever patient should be *nursed*, is a matter of no little importance. Now, the resident physicians of Norfolk and Portsmouth had never before seen an *epidemic* of yel-

low fever, and, of course, were defective in their knowledge of many of the above particulars. Hence, the visits of Drs. Penniston and Stone, of New Orleans, were so peculiarly opportune at the time they came. They conversed with nearly all the resident physicians, went round with them to see their patients, and gave them valuable clinical instruction on matters both *great* and *small*. The same course was pursued by other experienced physicians as they came in; but there soon appeared an embarrassment of no small magnitude, in the fact, that but few of them, although coming from different places where yellow fever is a common disease, were found to agree either on the method of treatment or nursing. This was a difficulty not to be settled; therefore, each was allowed to pursue his own course, and the resident physicians were at liberty to select from the whole, such theory and practice as they thought to be most judicious, and appeared most successful.

I may mention one marked discrepancy between the physicians of New Orleans and Charleston. The former recommended the treatment to be commenced with a hot mustard foot-bath, and a dose of castor oil, or some other mild purgative, merely to evacuate the intestinal canal, and the patient to be covered with a blanket, so as to keep up a continued, though not excessive perspiration, from the beginning of the attack to the end of the critical period; cold applications to the head, and local depletion, if indicated by the severity of the pain. Whereas, the latter pursued a *cooling plan* of treatment from the beginning. The bowels were to be gently evacuated, but febrile excitement was to be kept down by the free application of cold water over the head and body, and the use of *very light covering*; the object being not to keep up a *sweat*, but only a *gentle perspiration*, or merely a *soft skin*. For severe headache, they recommended the free and frequent use of the *cold douche*. They also advised the use of cold drinks throughout. Such is the general plan pursued by the physicians of Charleston, as far as I learned from my friends, Ravenel and Huger, two highly-accomplished and intelligent physicians; and, I must say, it was approved by Dr. Wilson of Havana, a physician of extensive experience in this disease. We all, however, concurred more fully in recommending mild remedies in the second and third stages of the disease.

I have only mentioned one discrepancy as worthy of special notice, because it relates to a *general plan* of managing yellow fever patients. I stated to my professional brethren, that whilst almost every possible variety of practice was pursued by some one or more persons in New Orleans, yet, if there was a single point in which there was a greater concurrence amongst the regular and experienced physicians than any other, it was the propriety of keeping the patient covered with at least one blanket, and sweating freely, though not immoderately, throughout the attack.

In this epidemic, the physicians of Philadelphia and Baltimore, as far as I learned from conversing with Drs. Freeman and Morris,



pursued a mild course of treatment. The same may be said of Dr. Reid of Savannah, and Dr. Miller of Mobile. I have not time at present to say more about the Norfolk epidemic. Perhaps I may recur to it on a future occasion. Of one thing I am pretty sure, which is, that whatever practice was pursued, no one, so far as I learned, had reason to boast of any extraordinary amount of success. When this epidemic shall have passed away from these unfortunate cities, as I trust soon it will, and a full report be made of the number of persons *exposed, attacked, escaped and dead*, I venture to predict the results will be found to substantiate the following remarks of Dr. La Roche, in his great work on yellow fever, just issued from the press. In his chapter on *mortality*, the learned author says—"The reader need scarcely be informed, that the yellow fever, wherever it has assumed the epidemic form, has fully established its claims to being classed among the most formidable diseases to which the human body is liable. This is true, whether we view it in reference to the changes it very generally occasions in the domestic arrangements of a large portion of the exposed population; to the great sacrifices of interest and comfort it entails on these—the necessary effects of the interruption or cessation of commercial and other pursuits; of the abandonment of home, and of the sundering of ordinary ties and occupations—to the perversion of the better feelings of our nature, to which it too often gives rise; or to the immense loss of life it occasions, as well, proportionately, to the amount of the population at large as to the number of the sick. In this latter aspect, no disease, the black plague of the fifteenth century, and the Asiatic cholera in our days, excepted, can compare with it."

A remark upon two more points will close this already too long and hastily-written letter. The *non-communicability* of this disease would appear to be fully established by the facts, that numerous cases have been taken to Baltimore, Richmond, Petersburg, various country seats, and even to the village of Hampton, only five miles from Norfolk, whence physicians went to visit them daily, and in not a single instance that I have heard of, has the disease been communicated to the attendants, although they had never had it before.

As to the *origin* of this fatal epidemic, it is somewhat involved in mystery. So far as the facts have as yet been ascertained, it is very doubtful whether it originated entirely from local causes, or from a *materies morbi* imported from the West Indies by the steamship Ben Franklin. But more of this anon.

P. S.—The number of deaths from yellow fever in Norfolk up to September 14, is about 1050; in Portsmouth about 550.

## VAPOR OF IODINE IN THE TREATMENT OF OPHTHALMIA.

Reported at a meeting of the Society for Medical Observation, October 15th, 1855, by  
CALVIN G. PAGE, M.D.

CASE I.—John Williams. Married. Coal-heaver, aged 35—a dispensary patient. First applied to me in March, 1855, for treatment of his eyes. He had partial capsular cataract of one eye, with absence of the crystalline lens, caused by a wound with a pointed arrow, when he was a boy. The lids of both eyes were swollen and everted, and covered with exuberant granulations. There was great intolerance of light, pain and chemosis, with sclerotic and conjunctival injection, and constant lachrymation with some discharge of pus. I commenced using freely the sulphate of copper with cooling applications, and in a fortnight he was able to work a little, which he had not done for four months previously. Dr. H. W. Williams saw him with me about this time. He has been under my care since that time, but the improvement would not progress beyond a certain point, though all means known to me to be used in such cases were applied. His constant exposure to coal dust probably prevented the usual action of remedies. I lost sight of him during the month of August and the early part of September.

About the middle of September he again applied to me, when the condition of the eyes was as follows. The lids of both eyes were somewhat swollen, the inner surfaces were covered with granulations; there was some injection of both conjunctiva and sclerotica, intolerance of light, dimness of vision, and lachrymation with a small amount of pus. All other means having failed, I availed myself of the fact, that iodine, when dissolved in chloroform, evaporates without leaving the stain of iodine, and I determined to apply this vapor to his eyes. I commenced using it on the 20th of September—and continued it daily until the 29th. After two applications the injection about the eyeball disappeared, leaving it in a perfectly normal condition. At the end of eight days there was a spot near the inner canthus, on the upper lid of each eye, entirely free from granulations. He has been seen seven times since the 28th of September, and the vapor has been applied. The granulations have nearly all disappeared from the upper lids, except at points near the outer angle. There is no intolerance of light, and the dimness of vision has disappeared.

CASE II.—Annie Fowler, aged 11 years, No. 11 Friend st., a dispensary patient, was sent by a benevolent lady to Dr. Reynolds, Sen., who sent her to the Eye and Ear Infirmary, where she was somewhat benefited. She has scrofulous tarsal ophthalmia. Her mother, seeing the benefit to Williams (the patient first mentioned), requested me to take charge of her. I have applied the vapor eight times. One eye is nearly well, the other very much improved. Both these patients are still under treatment.

The advantages of this method of applying iodine seem to me to



be that the effect of the agent is obtained more rapidly and without the usual discoloration. The sensations to the patient are not disagreeable; the effect of smarting, &c., passes away in less than a minute. In applying it to the eyes, the lids should be closed. The vapor seems to penetrate through them. It appears to be applicable wherever iodine is called for, as in scrofulous glands, hydrops articuli, &c. The atmosphere should be excluded from the surface during the application of the vapor.

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#### CASE OF POISONING FROM THE STING OF A BEE.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case is interesting as an illustration of the great rapidity with which poisons enter into the circulation, when applied to excoriated surfaces.

Mrs. H. was, on the 31st of August, stung by a honey-bee on the fore-finger of the left hand. Immediately on receiving the injury, she put her finger to her mouth in order to relieve the pain by suction; in a few moments she felt a prickling sensation in the lips and tongue. This sensation extended rapidly to the face, temples and head; thence over the entire body; the sensation now resembled the pain in the finger from the sting. When I saw the patient, a few minutes after the accident happened, there was a good deal of tumefaction of the face—so much so, that the eyes were nearly closed; and the lips and tongue were so much swollen, as to interfere very considerably with the power of speech. There was a distressing sensation of fulness in the head, the patient declaring that her temples would burst. She complained of oppression at the chest, and inability to take a full inspiration; the skin was intensely red, and covered with an eruption over the entire body, except the feet, resembling urticaria, causing distressing itching and prickling. There had been severe rigors before I arrived. Pulse 87, full. On examining the mouth, I discovered two or three ulcers on the lips and tongue, which, I was informed, were produced by creosote, which had been used to relieve toothache; and it was, doubtless, by coming in contact with these excoriations that the poison passed so rapidly into the blood, and produced the violent symptoms detailed above.

The most prominent of the symptoms—oppression at the chest, dyspnœa, sensation of fulness in the head, &c.—were promptly relieved by the operation of an emetic, while the feet and legs were immersed in warm water. The other symptoms gradually disappeared in a few days.

G. H. SPALSBURY.

*Joy, Wayne Co., N. Y., Oct. 23, 1855.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

JUNE 11th.—*Puerperal Convulsions. Depletion. Use of Chloroform. Recovery.*—Dr. STRONG was called to visit a woman who had apoplectiform puerperal convulsions. A “female practitioner” had been in attendance previously. The child was born just before 7 o'clock, A. M., June 8th, and convulsions occurred before the placenta could be removed, which operation was performed by the midwife, and, so far as Dr. Strong knows, in a proper manner.

This first attack was very severe; the patient became entirely insensible, and remained so until seen by Dr. S., between 5 and 6 o'clock, P. M., of the same day. She could not swallow; her respiration was stertorous and “a very decided rattling in the throat was heard;” she could not be aroused in the least degree; her appearance was such as to give but little hope of her recovery; her countenance had a leaden hue from want of due oxygenation of the blood; the most encouraging appearance was the close contraction of the pupils.

There were, in all, eight attacks of convulsion; the pulse was slow, full, hard, and incompressible by any ordinary amount of force; it was about 70 in the minute.

Dr. Strong bled his patient as long as the blood would flow, taking rather more than one quart; she was not aroused in the least, but remained in a deep apoplectic stupor; there was one convulsion just at the close of the bleeding. Chloroform was next used—at first freely, while the convulsions lasted; afterwards, at intervals only, and then it was administered by a careful attendant when any symptoms of incipient convulsions appeared. There were several such accesses, but they soon subsided, and, although there were slight twitches of certain muscles, there was no general convulsive action subsequently.

Insensibility continued for an hour and a half after the bleeding, when the patient gradually recovered, but not to perfect consciousness, until the next morning, when, on awaking from a disturbed night's slumber she asked her nurse, with a look of surprise, where the child came from? On questioning her, she remembered nothing of its birth, and very little of her previous labor; nothing, in fact, that occurred after midnight was recollected; she had lost more than a day, which time seemed blotted out of her recollection. Indeed, she never recovered it; for although she aroused herself and was able to swallow, yet it was with that wild expression which one exhibits after receiving a blow upon the head; the occurrences made no impression upon her memory. She was a primipara; there was nothing unusual about the labor.

During gestation the patient had been well, and through the entire period she had a good appetite, which she had indulged without stint, and grew fat. She had for a long time suffered from costiveness, and this was the case during gestation. She was subject to eruptions upon the skin, and had been treated by a “cancer-doctor,” who, as it is stated, had “drawn out” a cancerous growth “from the roots of her nose.”

JUNE 11th.—*Placenta Prævia. Detachment of the Placenta.*—Dr. STORER observed that since the last meeting he had, in consultation, seen a case of *placenta prævia*, to which he would refer, in order to learn the experience of the gentlemen present, in similar cases.



The woman was in labor with her third child. Attacked with hemorrhage, her family physician was sent for. On arriving, he found the os uteri quite rigid, and but little dilated—but was able to pass his finger sufficiently far to distinguish the placenta situated over it. The patient having become much exhausted by the bleeding, Dr. S. was sent for. Upon examining *per vaginam*, the os was ascertained to be so slightly dilated, as scarcely to admit his finger. The prostrated condition of the woman seemed to demand that the hemorrhage should be checked as soon as possible; that her life should be saved at the risk of that of the child. Accordingly, with much effort, Dr. S. introduced his finger, and completely separated the placenta from its attachment. The hemorrhage, which had been constant and profuse, ceased at once. All anxiety was removed. Ether was exhibited, and in about twenty minutes after the delivery of the placenta, the os was sufficiently dilated to enable the attending physician, not however without some difficulty, to turn and deliver.

[At a subsequent meeting (Oct. 22d), Dr. Storer reported another case of *placenta prævia*, and Dr. Coale related one of partial implantation of the placenta over the *os uteri*. These latter reports being made nearly at the time of printing that just given, allows of their being combined with advantage. This will account for the discrepancy of the dates.—SECRETARY.]

OCTOBER 22d.—*Case of Placenta Prævia, &c.*—Dr. STORER, referring to the above case, remarked that he had seen another case of *placenta prævia* since the last meeting. It occurred in the practice of a very intelligent physician in a neighboring town. As this gentleman, who had attended two thousand women in labor, had never had the misfortune to meet with a similar case, he requested the assistance of Dr. S. The patient, aged 36 years, pregnant with her eighth child, was attacked with hemorrhage from the vagina on the 15th inst. Her physician being called, found a slight dilatation of the os uteri, and diagnosticated a presentation of the placenta. He immediately plugged the vagina, and waited for uterine contractions to appear. On the morning of the 17th, Dr. S. saw her. She had lost from two to three quarts of blood since the commencement of her attack—was still flowing, although this was partially checked by the plug. Upon examination *per vaginam*, the placenta was found situated directly over the centre of the os uteri. Its central portion had become detached throughout a considerable extent by the blood retained between it and the plug; a hand was passed up by its side without much difficulty, and its lateral attachment destroyed. The feet of the child being found, it was delivered alive, and both it and the mother were left comfortable.

OCTOBER 22d.—*Partial Implantation of the Placenta over the Os Uteri.*—Dr. COALE was called to a *primipara*, aged 24, on Tuesday, Oct. 9th, at 1, A.M.; eighteen hours before, she had been suddenly seized with a flow of blood to the amount of half a pint, but it ceased and left no bad effects. Dr. C. was called on account of a repetition of the hemorrhage, but this time to the amount of full half an ordinary chamber-pot. It was attended by only one pain and that not severe, and all of it came pretty much at one gush. Dr. C. made an examination with great care, and found the *os uteri* not dilated, but that some substance protruded from it. The patient had not expected to be confined until the end of the month, her last menstrual period having occurred Feb. 16th.

A strong opiate was administered, and she was left with the injunction to be perfectly quiet, and to send word immediately upon any recurrence of the hemorrhage. A visit was paid at noon and another the next day, with-

out any further developments. On Friday, 12th, at 4, P. M., Dr. C. was sent for, and found that pains had occurred a half hour before; not severe, and without much hemorrhage. Examination detected the os, of the size of the bottom of a tumbler, and, within it, the loose detached edge of the placenta—free to the extent of one and a half to two inches; evidently previously situated over the os. Nothing indicating immediate danger, the descent of the child's head, which was presenting, was hopefully waited for. This soon took place, compressing the loose edge of the placenta, and of course the adjacent surface of the uterus, and the hæmorrhage ceased, except a very trifling amount—the labor proceeded favorably, and at 6, P. M., delivery took place, the child being healthy, and weighing 8 pounds.

JUNE 25th.—*Aneurism of the Heart. Pulmonary Apoplexy.*—The case occurred in the practice of Dr. HAYDEN, and was reported to the Society by Dr. ELLIS. The patient was a man 63 years of age. Forty years before his death, he had what was considered an attack of pneumonia, from which he recovered; but pain still lingering about the cardiac region, an open blister was for some time maintained there. The difficulty, however, did not disappear until after a voyage to Europe. With the exception of slight dyspnœa occasionally, at night, which hardly attracted his attention, he continued well until April, 1855, when, while a cold east wind was blowing, he rode out, and became much chilled. In the night he was attacked with severe pain in the cardiac region, unattended by fever, though the pulse rose to 120. From this pain he suffered more or less for a week, when he was able to go out. In the latter part of April, however, the pain again returned, though with much less severity than before, but accompanied by great dyspnœa, sometimes amounting to orthopnœa, and often waking him from sleep. The pulse ranged between 90 and 100, and was never intermitting until towards the close. A cardiac murmur was detected with the second sound. During the last fortnight he expectorated, occasionally, a little blood, and a week before his death, 3 ss. of a dark color was raised at one time. Digestive functions well. Considerable anasarca. He finally died on June 24th.

*Autopsy* 12 hours after death. Weather quite warm.

A large, well-formed man. Cadaveric rigidity sufficiently well marked. Bluish discoloration of dependent parts. An abundant deposit of fat in the parietes and around the heart, where it is usually found.

O. iv. of yellow serum in the right pleural cavity; between O. ij. and iij., in the left. No adhesions.

Upper lobe of right *lung* crepitant, but œdematous, anteriorly; compressed, posteriorly. Lower part of middle lobe occupied by a large nodule of pulmonary apoplexy. A number of these nodules also found in the lower half of the lower lobe, which was elsewhere œdematous. *Bronchi*, leading to the latter part, reddened as from contact with blood. Left lung generally œdematous, and much congested posteriorly, where it was also quite friable.

*Pericardial* surfaces adherent over the anterior part of left ventricle, the adhesions, though separated without any great difficulty, being evidently old. Much less serum than usual in the cavity.

Rising from  $\frac{1}{4}$  to  $\frac{1}{2}$  an inch above the anterior surface of the left ventricle, just below the angle formed by the base and the septum, was a protuberance two inches in diameter, of a darker color than the surrounding tissues. Below, near the apex, was a marked depression, caused by the collapse of the thin walls, at that point. These parts, corresponding with the adhesions, were still covered with traces of a delicate false membrane, while the sur-



face immediately around was more vascular than elsewhere. Much liquid and coagulated blood in the right cavities. Left ventricle six inches in length, and about six and a half in circumference. The only portions of the internal surface which were healthy were about an inch of the septum, and those lying between and occupied by the columnæ carneæ of the mitral valve. The remainder was either covered with a dense, brownish-red, thick granular clot, or, where exposed, had lost its polish, and was quite smooth, the columnæ carneæ having disappeared. The walls, at the point where the depression had been noticed, externally, were from half a line to a line in thickness. On making an incision through the protuberance, previously described, the walls were found from a line to a line and a half in thickness, diminishing in one place to the thinness of tissue paper. Here, as well as at some other points, was a distinct lip, showing the line of demarcation between the dilated and healthy portions, but this could not every where be traced. The large clot being left adhering to the walls, an examination of the whole surface was not made, but, where exposed, in the dilated portion, it was rough, and hardly to be distinguished from the coagulum with which it had been lying in contact. Two distinct points have been mentioned where dilatation had taken place, but the parietes between these were by no means healthy, being, to the feel, irregularly thinned. On microscopic examination of the old coagulum, it was found to be a granular mass, containing much fat.

In a portion of the wall which formed the superior dilatation, no trace of striped muscular fibre was discovered, but only a fibrous or fibroid mass, in which were many fat-globules, not apparently in, but among, the fibres. Two calcareous plates and numerous small spots of atheroma in the aorta.

External surface of the liver rather rough to the feel. Its substance was firm, and much congested, presenting the appearances belonging to the nutmeg liver. The gall-bladder contained several ounces of dark bile. Spleen rather firmer than usual, but not otherwise remarkable.

Both kidneys externally scarred, as is often seen in connection with cysts, though none of the latter were present. In other respects normal.

Mucous membrane of the stomach much congested.

Intestines, externally, well.

JUNE 25th.—*Cancer of the Breast. Removal. Recovery.*—Dr. COTTING, of Roxbury, Associate Member of the Society, reported the case.

Mrs. P——, 58 years of age, a widow, was married when quite young, and never had any children. After marriage, her health was much injured by devoted attendance upon a sick relative. She took large quantities of medicine; for the last twenty years she had been exceedingly dyspeptic; her food was mostly bread, and her drink water. During the fruit season she often ate nothing but pears. For weeks at a time, the amount of food taken by her, daily, did not exceed four ounces of solids; and she did not drink more than half a pint of water during the twenty-four hours; very often, a far less quantity of food and drink was taken. The catamenial function was never regular; it was painfully performed, and occasionally excessive.

Five years since, she was dangerously ill for some time, with uterine hæmorrhage, but has had nothing of the kind for three years. She had led a very active and useful life; had been for most of the time in the open air, and engaged in administering to the wants and necessities of others.

A tumor was first noticed in the fall of last year (1854), in the upper part of the right breast; it was about the size of an English walnut, hard,

painless, and discovered by accident, although she had had a severe blow on the mamma some months previously.

Latterly, the tumor had grown rapidly and became very heavy. There had never been any pain, but its weight was very uncomfortable. At the time of the operation (June 21st, 1854), it occupied the upper third of the gland, and was about three inches in diameter. The skin over it was not puckered or corrugated, but exceedingly thin; the tumor protruded at three small prominences, and there was evident fluctuation.

The operation for its removal was performed in the presence of Drs. Perry and Hodges of Boston, and Mann of Roxbury. Two elliptical incisions were made, comprising the nipple, with the skin in contact with the tumor; the whole breast was dissected from the pectoral muscle and removed.

The patient was etherized, and was insensible until after the dressings were applied and she was removed to her bed. No untoward circumstance occurred during the operation, and she did unusually well.

A subsequent report from Dr. Cotting states that the patient recovered rapidly from the operation, and was, to all appearance, well.

On opening the tumor, about an ounce of bloody fluid was discharged, all its different compartments opening into a common central cavity.

The following microscopical appearances were communicated by Dr. B. S. SHAW.

The tumor of the breast presents the microscopic characters of cancer well marked. It is composed of cells and free nuclei, with very few fine fibres. The cells are large, of irregular shape, and contain, each, a large nucleus, nearly filling the cell. The nuclei are globular or oval, with a very dark and distinct contour, each enclosing a large, highly refracting nucleolus. The free nuclei have the same characters as those contained in the cells, and are very numerous. The specimen was gritty under the knife, and presented a cancerous juice on pressure.

JUNE 25th.—*Suffocative Sore Throat. Tonsillitis. Removal of a portion of one of the Tonsils.*—Dr. CABOT was called to see a child about 10 years old, and, on inspection of the throat, he observed a body about one inch in length and one half an inch thick, playing about, as if swinging upon a slender pedicle; occasionally an access of suffocation was induced by its obstructing the *rima glottidis*. When seized with the forceps it was felt to be hard, like bone. Dr. C. snipped it off by means of scissors. On close examination, it was found to be of the structure of the tonsil, and was very dense and hard. There was no trouble subsequently.

She had been ill for some days with severe sore throat, and had a degree of concomitant constitutional disturbance.

JUNE 25th.—*Effusion into all the small Joints, of the Feet and Hands, after Scarlatina anginosa.*—Dr. LYMAN had attended a young child with scarlatina anginosa. Recovery seemed complete, and professional visits were discontinued, when Dr. L. was again called, and found the patient with a pulse of 140 per minute, and all the small joints presenting an effusion, which also ran along the sheaths of the tendons. The urine was free and of normal character. Under diuretics, the child recovered in two or three days. There was no ascites, anasarca, nor, in fact, any other symptom. Dr. L. remarked that Dr. Watson speaks of similar cases, and states that they are relieved by *rubbing*, only. This Dr. C. had found to be true.

Dr. OLIVER had seen symptoms somewhat similar in character, following scarlatina anginosa. The patient, a girl 5½ years of age, had previously enjoyed good health. The throat was not much affected, though the swell-



ing of the parotid and submaxillary glands, which supervened during the third week, would lead to the supposition that ulceration of that part must have existed. The eruption was late in making its appearance, pale, not generally diffused, and soon disappeared. A secondary eruption appeared during the latter part of the second week, consisting of large, oval, crimson spots, extending over the whole body. During the third week there was effusion into the wrist and ankle joints, which became swollen and quite painful, and which extended over the metacarpal and metatarsal bones. The symptoms were alone relieved, as in the above case, by friction. There was no evidence of affection of the kidney, and there was no diarrhœa. The patient died on the thirty-first day. No autopsy.

JULY 9th.—*Arthralgia Caused by Lead.*—Dr. PERRY reported the case. The patient, a female, entered the Massachusetts General Hospital with arthralgia of much severity; the “blue line” was noticed upon the gums very distinctly. She had resided in this city constantly, and had not left it for a short time, even; and had drunk nothing but the Cochituate water. The urine showed lead in considerable amount, on examination made by Dr. Bacon, who also stated that he found one eighth of a grain of lead to the gallon of the water which was drawn from the service-pipe of the house in which Dr. Perry’s patient had lived previously to her entering the Hospital.

Dr. P. said that this was the second patient, similarly affected, he has had at the Hospital; there was one last year. This would seem to afford some ground for supposing the lead from the water-pipes causative of the trouble described in this case.

Dr. STORER asked Dr. Bacon if lead is uniformly found in the Cochituate water after it has remained in the pipes?

Dr. Bacon replied that there was always some lead found. This material is used at the junctions of the main-pipes, as well as in the supply-pipes of houses.

Dr. MORLAND inquired whether any other inmates of the house in which Dr. Perry’s patient had lived had suffered after using the water?

Dr. Perry said that certain of them had complained of neuralgic pains.

Dr. STRONG wished to know if it were not possible that Dr. P.’s patient had taken lead into the system in some other way? This substance, it is well known, is put into various beverages—as cider, wines, &c.

Dr. Perry did not know whether this was the case; he thought it unlikely. His *treatment* of the arthralgia was by iodide of potassium, in large doses, during forty-eight hours.

Dr. BACON remarked that the lead detected by him in the urine was small in amount, and was found after the patient had been taking the iodide of potassium for three or four days. The action of this substance being to bring whatever lead may be found in the system into a soluble form and then to eliminate it by the urine, it is probable that a larger amount of lead would have been discovered in that secretion if it had been analyzed within a day or two after commencing the use of that remedy.

JULY 9th.—*Paralysis from Lead.*—Dr. COALE mentioned an instance of this sort. The patient was a man, who, at first sight, would in all probability have been pronounced to be in a state of intoxication. On close examination, however, the real affection was easily made out. The extensor muscles of the arms were seriously affected, and the lower limbs were very unsteady. The gums presented the lead-line very distinctly. On making very particular inquiry, Dr. C. could learn of no other instance in the house in which his patient lived; he also inquired, particularly, at the printing-

office where the man worked. The latter did not *handle the types*, or have in fact any thing to do with metal, and no clue could be obtained as to the means of the transmission of lead into the system.

Oct. 13th.—Dr. C. saw the man in the street, and found him recovering.

Dr. STRONG referred to the case of a female who took sugar of lead for four months, *ad libitum*. She must have taken between 100 and 200 grains. She had “phthisis,” but recovered. There was occasional slight colic from the use of the lead, but no other symptom usually referred to its action on the system.

[*Kousso in Tænia*.—A slight error occurred in transcribing the remarks upon this subject by Dr. Parks, April 23d, 1855—(See *Extracts from the Records*, Vol. II., p. 227; *Boston Medical and Surgical Journal*, Vol. LIII., p. 149.) The following more complete statement of the case has been given by Dr. P., at the request of the Secretary.]

Dr. PARKS had given kousso in two cases: in one, successfully; in the other instance, portions of the worm, without any head, were brought away. In the latter, the existence of *two* worms was inferred, there being two necks, connected with two broad portions. Dr. P. thinks it improbable that these two portions were separated at different times from the same head, since the patient had been discharging a large amount of the parasite; and a series of joints severed from the head would be likely to be expelled before a great number of new ones would be formed. Both the pieces mentioned were quite long.

These patients were neither butchers nor provision-dealers, which class of persons have been said to be peculiarly liable to tænia.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 1, 1855.

### FEMALES AS PHYSICIANS.

WE hope that we should be the last to interfere with the privileges and rights of the female sex, or to arrogate to our own any pursuit or means of gaining a livelihood, which can be equally well performed by theirs. Peculiarly fitted as woman is, for the domestic sphere, there are many other duties which she is capable of performing without transcending the limits set by nature to her capacities, and which will enable her to secure for herself an honorable support. It is to be lamented that in this country, at least, it is considered degrading for women to be employed in certain professions for which they would seem to be peculiarly fitted. On the other hand, it is especially the case among us, that women have striven to pursue many occupations which elsewhere furnish almost exclusive employment to men. In stating our reasons why we think that women are not qualified for the practice of medicine, we again say that we have no wish to interfere with their *rights*. We conceive that they have just as much right to practise medicine as men have, provided they can do it as well; and we think that the public is equally bound to patronize them, provided their services are equally valuable.

We have said that nature has established limits to women's sphere of occupation. It is thus found that those pursuits which require the exercise of the highest intellectual power—the learned professions, commonly so called,



law, divinity, medicine, literature—are beyond her capacity. The study of mathematics is one which requires the exclusive employment of the reasoning powers, and how few women have ever attained excellence in this science. It is true there are exceptions to this, as to all laws. It was a woman (Madame Hortense Lepaute), who, in 1758, had the courage to undertake the calculation of the retardation of Halley's comet, a work which appalled many an astronomer of the sterner sex. England has also produced a Somerville, who occupies a distinguished position among European savans; and we acknowledge with pride the genius of Miss Mitchell, the astronomer of Nantucket, whose discoveries were rewarded with a gold medal by the king of Denmark. These very exceptions, however, only serve to prove the rule, that by far the greater amount of intellectual superiority is found in the male sex.

In the same way, the practice of the medical profession, especially since the healing has become elevated to a science, has been almost exclusively confined to men. Nor does this seem surprising, when we consider the degree of intelligence, judgment and courage which a successful practitioner ought to possess, or the responsibility, anxiety and fatigue which he is compelled to undergo. "But France, at least, has produced eminent female physicians." True, Boivan and Lachapelle are eminent authorities in the science of obstetrics; but what are they, and half a dozen others, compared with the thousands of distinguished medical men, whom that country has produced? How comes it, that in a country where there are so few obstacles to their advancement except what are inherent in their sex, so small a number of women should appear, to demonstrate their capacity for mental superiority?

The department of obstetrics is one, if any, which would seem the most appropriate sphere for the employment of female practitioners, and, we are told, women are extensively employed in this department in nearly all the great European cities. We fully recognize the advantages which would result from the employment of women in the treatment of the diseases of females, especially in obstetrical cases, if they were fully capable of it. The fact is, however, that, as a general rule, women in those hours of peril and suffering entailed upon them by an inscrutable Providence, feel the need of stronger support and assistance than their own sex can afford; by a natural law, the weaker in those circumstances rely upon the stronger. The midwives of Edinburgh and Paris are chiefly employed among the poorer classes, who cannot afford to pay physicians, and it does not appear that the number or the success of the latter are at all diminished in those cities by the female practitioners, and they are always called in when the case presents any unusual difficulty. In this country midwives are rarely employed. Even in large cities, where alone they could succeed, the means of relieving the sick poor by dispensaries and other institutions, as well as by the gratuitous services so freely afforded by medical men, render them unnecessary, nor does there seem to be any prospect of their numbers increasing beyond a trifling extent.

We have hitherto spoken of the difference in the mental capacities of the two sexes as a reason why women will never make good medical practitioners. In the physical condition of women, also, we find much in support of our views. The weakness of her bodily organization renders her less fit to undergo the incessant fatigue, the loss of sleep, the exposure to weather at all hours of the day and night, which are the lot of the active medical practitioner. We have heard of an instance which illustrated this fact

in a somewhat ludicrous manner. A gentleman in New York had occasion to summon a female physician, in the night time, to a member of his family who was suddenly taken ill. The visit being terminated, he was about to retire to bed, when he was informed that he was expected to escort the doctor home!

The social condition of females also offers a serious bar to their success as medical practitioners. Even if our fair competitors take a vow of celibacy, the chances are that most of them may become married. Now, it is hardly possible for a woman to devote the requisite time to her household duties, and to the rearing of a family, and at the same time faithfully to perform the duties of an active medical practitioner. It is obvious, too, that their practice must be confined to women and children; hence there must always be two medical attendants to each family, which would give rise to innumerable difficulties.

We have touched upon a few of the many reasons which naturally suggest themselves against the probability that females can ever make successful practitioners of medicine. We hope there are no men in our community who are so selfish, so ungentlemanlike, as to harbor any feeling of jealousy or rivalry against female physicians. If women *can* practise medicine with advantage to the public and honor to themselves, we should be the last to wish to prevent them. While we sincerely believe that they *cannot*, we shall never oppose any well-intentioned and honorable effort to qualify them to do so. We regret that this cannot be said of the New England Female Medical College, an institution which has for some time existed in this city, and which, if we are to believe the numerous commendatory puffs which are circulated in the public prints concerning it, is in a highly flourishing state, but which more reliable information leads us to suspect to be in a languishing condition, notwithstanding a liberal appropriation from the Legislature of 1855. The reasons for this decline are obvious. The institution was recommended to the patronage of the public on the ground that the profession in this country was in a degraded state, that its practitioners were generally immoral, mercenary, and dangerous to the interests of society; that this state of things was brought about by the confidence placed in physicians, the privileges necessarily accorded to them, which confidence and privileges they had grossly abused. As a means of disseminating these views, the friends of the College have circulated widely certain pamphlets filled with statements which are for the most part wholly untrue, and supported by no evidence whatever. They are, moreover, of such a character that no decent person could read them without blushing. This is particularly the case with the "Young Lady's Book," by the *Reverend* William Hosmer, of Auburn, N. Y., the character of which, as the *Boston Post*, in a notice of it, remarks, is such that no lady would read it. If such were the means used to recommend the institution to public favor, the character of the men who employ them can be easily guessed. There is no probability that the public will place confidence in them, or that an institution under their control, can ever become a means of enabling females to qualify themselves properly for the practice of medicine.

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#### DEATH OF DR. HUNNEWELL.

WE are called upon to record the death of another veteran in our profession. Dr. Walter Hunnewell, who has been long and favorably known among medical men in the vicinity of Boston, died at his residence in Wattertown on Friday, the 19th inst., aged 86 years. We learn from the *Daily*



Advertiser, of this city, that "he was born in Cambridge, Mass., 10th August, 1769; was graduated at Harvard College in 1787, being a class-mate with John Quincy Adams, Judge Cranch, Rev. Thaddeus Mason Harris, D.D., of Dorchester, Hon. James Lloyd, and Judge Samuel Putnam. He was the last survivor but one in the class—the Rev. Abiel Abbot, D.D., late of Peterboro', N.H., but at present residing in West Cambridge, being now the sole survivor. Dr. Hunnewell passed the greater part of his professional life in Watertown, and was highly respected as a good citizen and skilful physician."

#### PORTABLE URINALS.

A correspondent, alluding to our recent articles on the importance of public urinals, describes his own sufferings from the want of these conveniences, and proposes an invention of his own, whereby the urine may be collected in a vessel worn about the person. Our correspondent is not aware that an apparatus almost exactly like the one he proposes, has been already invented, and is much worn in England. We do not know whether it can be obtained here. It consists simply of a tube of India rubber or gutta percha, funnel-shaped at one end, to receive the urine, and terminating at the other in a reservoir furnished with a stop-cock. The reservoir is attached to the ankle. The funnel, which is of two different shapes, for the two sexes, is attached to the genitals by a bandage around the loins. This apparatus is very convenient for those who suffer from incontinence of urine, especially while travelling.

*Industrial Exhibition.*—We intended to have noticed the few objects of interest to the profession which are contained in this exhibition, but want of space compels us to defer our remarks to the next number. The fair is inferior to those of former years, both in the number of objects exhibited, and their novelty and value. The display of surgical instruments and appliances, as well as medicinal preparations, is quite small.

*Medical Lectures of Harvard University.*—The Introductory Lecture will be delivered at the Massachusetts Medical College, on Wednesday, Nov. 7th, at 12 o'clock, by Professor STORER. Physicians, and gentlemen interested in Medical Science, are respectfully invited to attend.

#### NOTICES.

*Communications received.*—On Syphilis.—Letter respecting Public Urinals, &c.—The Contagiousness of Prurigo.

*Books received.*—The Obstetric Works of J. Y. Simpson, M.D., Edinburgh. Vol. I. American Edition. Philadelphia: J. B. Lippincott & Co. 1855.

*Errata.*—In our last number, page 259, second line, for "who had" read "who has had."—Page 260, twenty-fifth line, for "clavicular" read "articular."—Page 261, nineteenth line, for "contracted" read "counteracted."

**DIED**—In Watertown, 19th ult., Dr. Walter Hunnewell, aged 86 years.—In France, on the 9th ult. (his 72d birth-day), of disease of the heart, M. Magendie, the first Physiologist of France.

*Deaths in Boston* for the week ending Saturday noon, Oct. 27th, 72. Males. 33—females, 39. Accidents, 3—burns, 1—asthma, 1—inflammation of the bowels, 2—congestion of the brain, 2—disease of the brain, 1—consumption, 14—convulsions, 3—croup, 5—colic, 1—dropsy, 2—dropsy in the head, 2—infantile diseases, 3—typhus fever, 1—typhoid fever, 2—homicide, 1—hypertrophy of the heart, 2—intemperance, 2—jaundice, 1—inflammation of the lungs, 4—marasmus, 1—measles, 5—sore throat, 1—smallpox, 3—teething, 3—tumor in stomach, 1—ulcers, 1—unknown, 2—whooping cough, 2.

Under 5 years, 32—between 5 and 20 years, 9—between 20 and 40 years, 17—between 40 and 60 years, 9—above 60 years, 5. Born in the United States, 51—Ireland, 16—England, 1—British Provinces, 3—Germany, 1.

*Epidemic Cholera.*—At the session of the French Academy of Sciences, held September 10th, M. Hubertz presented a written analysis of a work of his on the Epidemic Cholera of Copenhagen, which he had recently offered for the Breant prize. The following is an extract from this analysis:—

“Among the men who during the prevalence of the epidemic were employed in emptying privies, even those who removed the discharges from cholera patients, not one was attacked with cholera. This fact was established by a special inquiry. The same was the case with workmen engaged in the manufacture of catgut, glue, and the preparation of dried fish: the same was also the case with those employed constantly, or at that time temporarily, in some other professions usually regarded as unhealthy on account of the putrid exhalations to which they give rise. We will add, that individuals employed in carrying the sick or the dead, as well as those who dug the graves, were, so to speak, entirely spared.”

*Barber Surgeons.*—I have found one custom of the middle ages, still existing in Berlin, which I had not expected. The barbers are yet to a certain degree barber surgeons. They are still called in to bleed a patient, to apply a leech or put on a cupping glass. I do not know but that they perform these offices well enough, but the mere idea of a physician leaving his patient to be bled a certain amount, and taking no means to watch the effect of this abstraction, is ridiculous. The custom of connecting the surgical and shaving profession is not alone confined to Prussia. So late as the early part of this century, I forget the year, several English surgeons who had enlisted in the Swedish navy, were dismissed from the service for refusing to *shave the crew*. You see nothing, however, of the striped pole here to indicate the white bandage and bloody wound as in England and with us. The symbol here is simply an oval plate of brass, a primitive shaving dish, I imagine from its looks.—Dr. N. E. GAGE—*Foreign Correspondence of the New Hampshire Journal of Medicine.*

*Epilepsy.*—Trousseau considers that he has permanently cured twenty epileptics, in one hundred and fifty cases, treated with belladonna. His mode of giving the remedy, as described in his clinical lectures at Hotel Dieu, is to make the pills of the extract and the powdered root of belladonna, aa 1-7th grain. A pill to be taken every night for the first month; two pills during the second month; three on the third month, and four during the fourth month. If at the end of twelve months the register shows a diminution of the seizure, the remedy may be persisted in, with great hopes of a perfect recovery in from two to four years. The dose should not be increased, after the physiological action of the remedy is manifested.—*Virginia Med. and Surg. Journal.*

*Galactocoele.*—M. Velpeau, in his work on diseases of the breast, described this rare disease, all the examples of which, occurred in women. Recently, however, he has met with a case in La Charite, in the person of a robust old man, aged 75 years. His left breast was as large as the fist, and an incision into the tumor discharged a quantity of matter, like clotted cream. Robin examined the fluid by the microscope, and found the fatty globules similar to those in milk, and also numerous crystals of cholesterine, and some pus globules. In the solid portion of the tumor, were seen many granular bodies analogous to those of the colostrum.—*Ib.*

*Forcible Feeding.*—Dr. Sigmundy, *Wien Wochenschrift*, recommends that in trismus, or where persons are unconscious from any cause, food may always be administered, by laying the patient in a horizontal posture, and pouring the food through the nostril. Reaching the pharynx, the movement of deglutition is provoked, and then another spoonful may be administered. This means is easier to practise, and causes much less irritation, than the stomach pump.—*Ib.*

*Lithotrity successfully Performed on a Man eighty-six years old.*—Mr. F. Wilkinson records (*Lancet*, July 28, 1855) a case of stone in the bladder, complicated with stricture of the urethra, which is worthy of note in consequence of the advanced age of the patient (86 years), and the success which attended the operation of lithotrity, which was performed by Mr. Coulson.—*American Journal of the Medical Sciences.*



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## ELM TENTS FOR THE DILATATION OF THE CERVIX UTERI.

BY HORATIO R. STORER, M.D., ONE OF THE PHYSICIANS TO THE BOSTON LYING-IN HOSPITAL.

IN May last I proposed, in a paper read before the Medico-Chirurgical Society of Edinburgh, that, for the more satisfactory diagnosis and treatment of certain forms of uterine disease, tents of elm bark should be substituted for those hitherto in use. A brief abstract of these remarks was subsequently published in one of the London Journals;\* and was thence copied shortly after into the pages of this.

Since my return, I have been frequently questioned upon the subject—to an extent that convinces me my own impressions of its interest were not too extravagant—and have been requested to repeat more fully than they have been reported, the views I expressed in Edinburgh.

They were mainly the following :—that sponge, the ordinary material for uterine tents, is open to certain objections—previously, I believe, hardly insisted upon, if pointed out; that in certain cases a substitute is desirable; and that in many cases at least, such is found in the elm bark. To this I added, and would still do so, in justice to myself, that, as in most matters of new inquiry, the agent proposed is as yet by no means all that could be desired. My suggestion was made only in the hope that it might be improved upon by others.

Into the discussion of the general indications of uterine tents—their advantages in many cases, their necessity in some, I have no intention here to enter. I am, however, satisfied that the matter is one demanding early and thorough revision—insufficiently understood by most men abroad—hardly at all at home.

Few more important steps have been made during the present century than the proposal of sponge tents for the diagnosis of intra-uterine polypi, carcinoma of the fundus, and other abnormal states of the uterine cavity. His memoir upon them, would by itself have established Dr. Simpson's reputation—in whose hands they at once became the key to cases otherwise perfectly unintelligible.

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\* Association Medical Journal, May 1855, p. 446.

The well-made sponge tent, under which term I do not mean to include a large proportion of those sold as such here and elsewhere, is, in the majority of cases, perfectly adapted for its immediate object. It opens up the os and cervix speedily and thoroughly, and in most instances, I do not hesitate to add, safely. There have been cases, however, and more frequent perhaps than would generally be believed—cases not on record, their true nature often not suspected—where dangerous and even fatal symptoms have supervened upon the use of sponge. Quite a number of instances where this has occurred, in the practice of different gentlemen, have now come to my knowledge—several of them I have indeed seen. Whether these could have been easily prevented, or even foreseen, I am not at all prepared to affirm—but that they may occur, I am certain.

To these results, sudden accidents or the gradual development of disease, sponge of itself, as it were, predisposes. Its chief excellences, its rapid and great expansibility, may at once become its greatest dangers. If there be present unhealed lacerations of the cervix, so common after recent delivery, and at times remaining, I have no doubt, long ununited—if that organ or the tissues surrounding it, be the seat of disease, whether carcinoma in any stage or otherwise—fatal injury might be at once produced by the force of rapidly expanding sponge—a force whose amount would hardly be imagined. Exerting this powerful pressure in every direction, though more especially upon the sides, it of course follows up the least resistance; where the cervix has been unusually stubborn and unyielding, I have frequently known it to thrust itself completely back into the vagina; where a side, or a tissue, or a fibre, were morbidly weak and yielding, or where the slightest crevice existed, we ought not to wonder at any symptoms of peritonitis.

That the trivial ulcerations or abrasions about the os, so frequent, and which of late have been so much and often so unnecessarily treated and treated of, are likely to predispose to any such trouble, might or might not be alleged with truth; but as yet I have no sufficient evidence that they do so. With regard, however, to that excessive rigidity of the os which is sometimes noticed, independent, apparently, of marked disease, or even of simple hypertrophy of the cervix, I am inclined to hold more decided opinion. In such cases the laceration might easily take place.

So far the liability to sudden injury and its consequences—immediate or distant. In addition to these various instances, I think I have observed others where the symptoms, different in their nature, must have been owing to a different cause. More particularly would I instance attacks of pelvic cellulitis, that most frequent and yet often most misunderstood and unrecognized disease. Such attacks might of course be more or less severe, as the case might be—going on or not to suppuration and perhaps consequent fistulæ.

In several cases of those I have seen, the disease seemed directly dependent upon irritation produced by the forcible expansion of the



sponge against unyielding tissue, as in the rigid os to which I have alluded, yet where laceration was escaped, either by the tissues yielding in time, or by their ultimately proving stronger than the sponge—though this latter occurrence seems comparatively rare, a succession of sponges being generally applied, often through many hours.

In such cases, where the irritative and inflammatory action are produced by the mere application of undue force—perhaps extended also over too long a time, for much depends upon this—there is considerable resemblance to what obtains in many cases of rapid abortion or of lingering labor—dissimilar as they all at first sight may seem.

Again, I have thought I might trace one more element in the production of pelvic abscess by sponge; a very different one from that just instanced, and yet, like that, easily comparable to both the other morbid states alluded to. I refer to the rapid decomposition of sponge when subjected to the various secretions, healthy or unhealthy, of the vagina and uterus. Under such circumstances, many other substances rapidly become, so far as odor is concerned, perfectly unsupportable, but sponge excels them all in this respect; unless I except some forms of prepared caoutchouc.

Where such extensive chemical change is established, such a noisome stench exhaled, it is not difficult to believe that a tendency to suppurative action, whether of local and neighboring deposit or of more general extent, might easily be induced; especially if there were otherwise any predisposition, from irritative habit, actual local disease or aught else.

To the fact that such unfortunate occurrences as those above described might, upon a little consideration, be *a priori* even more frequently expected, may perhaps be traced some of the disinclination apparently existing in this country to the use of sponge, or any other form of expansible uterine tent—existing, indeed, in some quarters where it would hardly have been expected. Often, again, I have no doubt, this is owing to lack of skill in their application, though such can readily be acquired by a little practice; or else to utter ignorance that tents have ever been proposed—for with all their dangers, and all the objections that I can urge against them, I do not hesitate to repeat that sponge tents are often indispensable. There are certain gentlemen, however, whose repudiation of them seems to me quite unaccountable. Of such, and I am bound in fairness to mention them, I have seen but one—and to him, as in the foremost rank of surgeons in this city, alike regarding age, position, and the respect of all, and as the possessor of a most enviable European reputation in one branch of obstetric surgery, neither of the motives I have alleged can for a moment apply. This gentleman, in conversation not long since, informed me of his utter disbelief in the advantages of any form of uterine tent. I can only think that he is mistaken. Perhaps like another gentleman, of whom and whose reputation we are all justly proud, and who

for many years is said to have doubted the existence at any time, or under any circumstances, of a distinctly marked hymen, although he has now, I believe, changed his mind on this subject, my friend has probably been singularly unfortunate in the cases that have come under his notice.

Persuaded, as I have said, that accidents might easily occur, in ordinary hands and with ordinary care, and I have little doubt that even the best obstetricians must see, from time to time, cases that go wrong, inexplicably to their minds, I chanced to meet with an article in a back volume of the *British and Foreign Medical Review*,\* that at once arrested my attention. It was a brief abstract of a most curious and interesting paper by Dr. McDowall, of Virginia, under the rather quaint title of "Elm Bark Surgery," originally published in a *Western Journal*,† and thence copied into the *Philadelphia Medical Examiner*.‡ Dr. McDowall had supposed it possible to render the bark of our native slippery elm (*ulmus fulva*), useful in the manufacture of various surgical instruments, as bougies, catheters and the like. Upon extended trial, however, he himself found his expectations unanswered, and frankly confessed that this was the case, there being such liability that portions of the dry and brittle bark would break off in the urethra or bladder as to render its use in the crude state difficult and even dangerous.

These objections, coming from this source, were of course considered insurmountable, and for the purposes described, very justly; for I know of no way in which the bark could well be turned to the uses proposed by Dr. McDowall. The idea at once suggested itself to me, however, that it might be made useful for opening up the cervix uteri, if its excessive brittleness could but be overcome. After various trials this was found practicable, although, of course, the extent to which it can be done, depends very much on the care expended upon the process of preparation.§ By disintegrating the fibres from each other, a mass of flexible, tough, spongy tissue is obtained, readily moulded into the desired shape; and this, formed into tents, answers to a reasonable extent all the expectations I had ever formed of them.

It is necessary that a uterine tent should be expansible—but I have endeavored to show from some of the results of the use of sponge, that, for consistency with safety, this capacity of expansion should be within due bounds.

The expansibility to a certain extent, of slippery elm, is well known. This extent is indeed inferior to that of sponge; but if

\* Loc. cit., July, 1838, p. 259.

† *Western Journal of the Med. & Phys. Sciences*, December, 1837.

‡ Loc. cit., I., p. 244. A couple of lines are also given in abstract of McDowall's paper in the *U. S. Dispensatory*, p. 727; and in Pereira, II., p. 1086.

§ The first that were made at all to my mind, were prepared, after repeated experiments, by my friends Messrs. Duncan & Flockhart, of Edinburgh, famous for their sponge tents and for their manufacture of chloroform. At home, decidedly the best I have been able to procure, have been made for me by Messrs. Codman & Co., the well-known instrument makers of Tremont Row, in this city.



the bark be of good quality, upon which much depends, it will generally be found sufficient for every practical purpose.

I have stated my conviction that the danger of sponge lies, not merely in the extent to which it will expand, but also in the celerity with which that force is exerted. This also exists to a less degree in the elm, a tent of which will not be found increased to its full size within three or four hours after its introduction, as is often the case with sponge; but in very many instances this rapidity is not necessary. In most cases indeed I consider it unsafe—unsafe at any rate for the os to be suddenly dilated, from a comparatively closed state to its full patency, in so short a time. The tissues are generally by no means prepared for so sudden a change; and when effected, it can hardly be compared to what takes place during the first stage of natural labor: in the case under consideration, the stimulus being entirely from below, entirely confined in its action to the cavity of the cervix and its extremities, entirely unconnected with any thing at all resembling the end of gestation—which indeed could only be imitated by the descent of so large a polypus, fibrous or otherwise, as to render the use of sponge tents wholly out of the question. In most cases requiring a tent, great haste is not necessary; in some cases it is decidedly counter-indicated; in many, other things being equal, elm bark has the advantage over sponge.

Furthermore, I need not dwell upon the fact that the elm tent, on its withdrawal from the vagina, though it may have become somewhat impregnated with a sufficiently disgusting odor during its impaction among the several secretions, will yet be found not to have itself tainted them. In this respect, also, I have noticed a marked superiority over sponge.

But to such apparently negative excellence, there seems to be added other, sufficiently positive in its character. I allude to the abundant mucilage poured forth from the cells of the elm, and which, by affording a perfect sheath to all irritated or diseased surfaces, must lessen the dangers so peculiar to sponge; while on the other hand it supplies, to a certain extent, any deficiency that may, as often, occur in the normal secretions of the parts, necessary in furtherance of the process of expansion.

I might go on to point out other, though less important advantages, but do not consider it necessary. I do not desire to claim for these tents that they should always take precedence, or should indeed become generally substituted for sponge; such claim would be unjust to both. Nor on the other hand do I expect that all who may be induced to make trial of them, will give them their unqualified approbation. Much will depend upon the manner in which they are prepared, and the quality of the material itself. In size, shape and mode of introduction, they should closely resemble the sponge tent, with which, as I have already said, I shall take for granted that my reader is familiar. Upon these three particulars, of course, success or failure will in a great measure depend.

Some minor points with regard to them can only be satisfactorily determined by more extended experiment. For instance: though I had found in several cases a simple glazing, made by merely dipping the tent in water so as to discharge a little mucilage upon its surface, and then drying, was fully sufficient to secure proper stiffness and to prevent any injury to the patient from slightly projecting spicula, yet I had directed a few to be prepared with a more decided coating of wax, tallow and lard. Several of these, Messrs. Codman have just informed me, fell into the hands of one of our most eminent obstetricians, who has since expressed himself to them as somewhat disappointed in the extent to which the tents enlarged. Since then I have not happened to meet the gentleman, but in this case the coating was probably at least as much to blame as the tents themselves.

Not only will much be found to depend upon the character, good or bad, of the tents, but also much upon that of the cases in which they are applied. For some of these they will doubtless prove much more fitted than for others, as I am confident is the case with sponge. Into this branch of the subject I have not yet examined sufficiently thoroughly to hazard any very decided opinion, but will only say that, as was suggested to me by my good friend and late colleague, Dr. Priestley, of Edinburgh, they will undoubtedly be found of decided benefit in many cases where sponge would be hardly at all admissible. As among these, may be mentioned a large, and often most perplexing class of patients, those laboring under mechanical dysmenorrhœa.

I have already frankly confessed my belief that even if some other agent be not hereafter found more fully to satisfy the indications for which I have proposed elm bark, its mode of preparation may yet be advantageously modified. My friend, Dr. Cabot, has lately informed me that, some years since, he made trial of the old-fashioned sponge tent, previously saturated with elm mucilage, and that in two or three instances he applied it to the cervix uteri with tolerable success.

In case some other and better agent is to be found, elm may prove the stepping stone to it. In the course of my experiments in Edinburgh, various substances came under trial; but none answered my expectations so well as this. The others, some of althæa root, for instance, carefully prepared for me by Duncan & Flockhart, were too slow or insufficient in expansion, and altogether too deficient in mucilage.

*7 Chester St., 29th Oct., 1855.*



MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF  
INDUSTRY.—NO. VII.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

*Cases of Erysipelas—(Continued.)*

XVI.—The youngest child of the Superintendent, 3 years old, living in the house, was ailing from the 19th of January, 1850. There was loss of appetite, restlessness, thirst, constipation and rapid pulse. At the beginning he got three doses of castor oil, without effect. Enemata of warm water on three successive days were followed by discharges of hardened fæces.

Jan. 21st, he was lively and playful, appearing as well as usual.

22d, the upper lip began to swell. At noon found it tense and thickened, and mouth open. It was supposed that herpes labialis was about to show itself. The lip was dressed with warm water through the day. 6, P.M.—Redness and swelling increasing. Skin hot; tongue dry. Hard fæcal dejection after an enema. Two leeches were applied to the lip, and a line of mercurial ointment made about seat of redness. A quarter of a grain of sulphate of quinia was ordered every two hours.

23d, 2, A.M.—Pulse 140. Skin cool. He slept well. The medicine has been omitted once only. Thirst less. The redness has left the lip. The swelling remains. Skin of right cheek, as far as the outer angle of the right eye, and the nose, are swollen, livid, and in parts vesicated. The ointment had not been used. The diseased surface was surrounded with a line, made by tincture of iodine. Quinine to be continued; beef-tea; enema.

5, P.M.—The medicine has been continued. Pulse 132. Continue quinia every three hours.

24th.—Pulse 103. Tongue moderately clean. The eruption has not passed over the iodine. The enema brought away a few balls of fæcal matter. Quinia every six hours; beefsteak.

26th, was considered well, though the skin is still desquamating.

XVII.—E. P., hostler, age 46, entered the male hospital after, as he said, eleven days' illness, on Jan. 23d, 1850. Became delirious at night. Was ordered at entrance a grain of sulphate of quinia every two hours.

24th.—Erysipelas confined to face and front of scalp, passing upon, but not behind the ears. Face very much swollen and livid. Eyes closed. Nose and cheeks suppurating. Is very delirious. Painted left side of face with tincture of iodine, entirely covering it, and drew a line of the same around the whole diseased surface. Pulse 103. Skin cool. R. Quinia sulph., gr. ij., every two hours; vini ʒss. every four hours.

25th.—Slept well. No delirium last night. Pulse 92 and full. Skill cool. Diseased patch not enlarging. Continue medicine every three hours.

26th.—Pulse 160. No delirium. Medicine every four hours.

27th.—Patient is able partially to open right eye. Face desquamating.

28th.—Face improving; still much swollen. New patch of erysipelatous eruption on right elbow. No delirium. Pulse 100. Medicine to be continued.

29th.—Muttering delirium. Subsultus tendinum. Wine  $\frac{3}{4}$  ss. every two hours. Omit quinia.

30th.—Answers intelligibly. Pulse 88, moderately full. Elbow no worse. Lower lid of left eye much swollen. Right eye easily opened. Continued thus till February 2d. Pulse 108. Both lower lids swollen and projecting. Left eye closed. Right elbow much swollen. Continue wine.

Feb. 3d.—Pulse 88. Opened the three tumors. Pus from all three. From those in the orbits came, also, dark sloughy matter.

5th.—Openings in elbow and under left eye have closed, but the tumors are red, tense and shining. Opened that in elbow to extent of an inch, and that of left orbit to half an inch. Discharge of pus. A tent was placed in each.

6th.—Both eyes open.

10th.—All the abscesses healed.

12th.—Treatment discontinued.

I have the impression that this man was reported, in a late number of the Journal, as at the Mass. Gen. Hospital, where he died.

XVIII.—Christopher Columbus, age one year, orphan. Entered last week with marasmus.

Jan. 24th, 1850, 9, A. M.—Upper lip and face began to swell, as in Case XVI. Eruption extended rapidly over face, affecting no other part. Died in the night.

XIX.—L., a female, age 23. Under treatment for syphilis, for three months, in room called the "shades," a name appropriate for many reasons.

Jan. 21st, 1850, was operated upon for fistula in ano, by incision, extending from near the right tuberosity of the ischium to above the external sphincter. She remained comfortable till the night of the 24th, when she became feverish and restless. Mr. Shaw found her with diffused redness about the nates, pulse 136, and pain in the head. He directed one grain of sulphate of quinia every two hours.

25th, 10½, A. M.—She has taken the medicine three times, rejecting it twice. Has great tenderness of the abdomen. The nates, mons veneris, and external labia, are the seat of the erysipelas. The latter are livid and swollen. Pulse 138, full. Skin hot and moist. Tincture of iodine was applied around the eruption. She got a dose of oil. One grain of sulphate of quinia in  $\frac{3}{4}$  ss. of wine, every three hours.

26th.—Erysipelas extending over the lower part of abdomen and nates, and up the back. Pulse 132. Continue treatment.

27th.—Disease has not extended. Pulse 108. The discharges from the vagina and rectum required the use of a solution of chlorinated lime. Continue treatment.



28th.—Erysipelas has again crossed the line of iodine. Headache, but no delirium. Pulse 100, and full. Continue quinia every four hours, one grain at a dose.

29th.—Manifest improvement, which continued.

Discharged, March 20th.

XX.—*Disease of Knee-Joint. Erysipelas. Amputation of Thigh.*  
—J. S., age 19, entered from the Mass. Gen. Hospital with synovial disease of right knee, for which issues and incisions had been made. At the time of his entrance all the wounds were healed. He was put on generous diet, and croton oil was rubbed over the right knee with apparent benefit.

Jan. 23d.—Felt quite well, except slight pain under the ligamentum patellæ.

25th.—Violent headache. Pulse 120, full and strong. Cold applications do not relieve the headache, which came on after a severe chill last night. Face and surface of body generally, red with erysipelas. Perspiring freely. Sight and hearing normal. No inclination to sleep. No signs of disease about the chest or abdomen. No dejection for two days. Was bled in erect position to  $\frac{3}{4}$  iv., causing faintness, but without relief of pain. Pulse afterwards 100, and feeble. Sulphate of quinia, gr. j. every three hours.

26th.—Pulse 100. Pain as before. No other indication of disease but sleeplessness. In addition to the treatment, ten drops of croton oil were to be rubbed into right knee.

27th.—Discovered that the nurse had neglected to give the medicine since the first dose; a common occurrence in all institutions where the medical attendant has no power to discharge or punish, and where economy is the prime virtue of a superintendent. Erysipelatous redness extends from the irritated surface, upwards in front for two or three inches. Skin livid, and raised above the surrounding surface by infiltration. Pulse 108, and strong. Quinia to be taken, one grain every three hours.

28th.—Medicine has been taken. Tongue white and moist. Headache less. Vomits every thing. Pulse 96. Erysipelas extends above and below knee for twelve inches. Omit quinia. Ice to be taken every ten or fifteen minutes.

29th.—Vomits less. Pulse 112, feeble. Erysipelatous eruption covers nearly the whole surface, from the malleolus to three inches below the groin. Headache continues.

5, P. M.—Vomiting ceased. Has had no sleep. Dress limb with iced water. Ext. valerian,  $\frac{3}{4}$  j. every fifteen minutes.

30th.—More comfortable. No pain. Leg and thigh as yesterday. Took valerian once only, because it distressed him. Omit it. Iced water every half hour.

31st.—No vomiting. No pain. Feels very weak. Eruption extending a little upwards. Blister, an inch wide, to be put around the thigh above the eruption. May have wine.

Feb. 1st.—Face not flushed. Eruption has not crossed the blister. Tongue dry and white. Having had no dejection for three days, got pil. cathartic comp.

2d.—Right foot very much swollen and red. Redness leaving the knee. Fifteen grains of the comp. cathartic pill were taken without effect, till after an enema, which brought away large masses of fæces. Continue wine and water. Blister 6 x 4 to calf.

3d.—Has taken four ounces of wine. Is no worse. Continue the wine, and let him have a grain of quinia every three hours.

4th.—Pulse 92. Face desquamating. Swelling of thigh less. Foot more red, and swollen to the toes. No pain except in foot. Nose bleeds occasionally. Quinia nauseates, and is to be omitted. Within twenty-four hours has taken  $\bar{z}$  viii. of brandy, but no wine.

5th.—Pulse 88. Sleeps well. Tongue clean and dry. Has taken  $\bar{z}$  vj. of brandy.

6th.—Pulse 108. Has taken  $\bar{z}$  ij. of brandy. Sleeps well. Tongue clean and moist.

9th.—Pulse 88. Fluctuation perceived in knee joint.

13th.—Pain in knee intense. Looks very haggard. Unable to sleep.

14th.—Since yesterday A. M., has had five grains of opium, with very slight relief. Laid open the knee joint on the inner side. Large discharge of pus. Condyles of femur denuded and rough. Brandy p. r. n.

16th.—Outer surface of knee, in seat of old cicatrix, has sloughed. Continue brandy.

18th.—A new slough commencing over the malleolus externus of the same side.

22d.—Got yesterday  $\bar{z}$  viij. of Madeira (?) wine; and gr. v. of opium last night, without sleep.

23d.—Amputated thigh at 11, A. M., by circular incision at middle. Several arteries and the femoral vein were tied. 6, P. M. Pulse 120. Has not slept. To have 1-4 gr. of sulphate of morphia every hour, till he sleeps, and wine whey ( $\bar{z}$  viij. of wine to O. ij. of milk), *ad lib*.

24th.—Pulse 120 at 9, A. M. Drank O. ij. of whey, and took one dose of morphia last night.

25th.—In last 24 hours has taken  $\bar{z}$  viij. of wine instead of the whey. Pulse 112, feeble.

27th.—Pulse more feeble, 100. No appetite.

March 1st.—Two ligatures came away.

2d.—Third ligature came away. Comfortable last night. Got  $\bar{z}$  xi. of wine, with beef and crackers. Wound granulating, as all wounds used to do in that house. I do not remember ever to have seen union of a whole cut by first intention; and when it commenced, sloughing usually followed within forty-eight hours.

3d.—The fourth ligature came away—the fifth and sixth, the next day. Wound filling fast.

5th.—The last ligature came away.

13th.—A small sinus is all that is left of the wound. Was up and dressed on the 15th.

XXI.—Ann G., age 20, was admitted to the Female Hospi-



tal from South Bennet street, where she had been sick with erysipelas for four days. Got, on entrance, a grain of quinia, to be repeated every two hours, and Mr. Herrick [Dr. J. E. Herrick, of this city], surrounded the eruption, which was confined to the face below the forehead, with a line of tinct. iodini.

Jan. 27th.—Eruption has passed the line, and now covers the whole face, including the forehead and ears. Left eye closed. Right eye partially open. Surface dark-red, but no great infiltration of the cellular tissue. Pulse 116. One dejection. Continue treatment.

28th.—Whole face swollen and dusky. A patch on one cheek has blistered. The iodine does not confine the disease. Both eyes are a little open. No delirium. Pulse 116 and full. Continue the quinia at intervals of four hours.

29th.—Pulse 96. Slight delirium last night. Feels well. Desquamating. Quinia once in six hours.

30th.—Pulse 88.

31st.—Medicine omitted.

Feb. 6th.—Discharged well.

### Bibliographical Notices.

*On Animal Decomposition as the chief Promotive Cause of Cholera.* By HENRY HARTSHORNE, M.D. [From the *Medical Examiner*, August, 1855.] Lindsay & Blakiston: Philadelphia. Pp. 12.

This is an "Abstract of a paper read before the Philadelphia County Medical Society;" is exceedingly well written, and evinces extensive and accurate research, the results of which are perhaps all the more available in their very condensed form.

It is useless, at the present day, to expect that long and tedious treatises upon cholera will be read to any extent. Already we have a vast number of them in which, after all, theory holds the chief place. The essential cause of the disease still eludes us; we cannot make it tangible; indeed we may never have a thorough and undoubted explanation of it.

Research, however, should not be abandoned—but the most practical direction possible should be given to it,—and we think Dr. Hartshorne had such an object in view whilst composing his instructive paper.

Although not prepared to adopt his idea that "animal decomposition" is "the chief promotive cause of cholera," we think he has made out quite a strong case, and are glad to see that he has attacked one limb only, of the etiology of the disease. For by isolation of the subjects of inquiry and studious investigation of them, we shall be more likely to attain true results.

We commend in an especial manner the writer's concluding paragraph, and transcribe it for the benefit of "all concerned."

"Whatever the theory, the lesson from all the facts is one (often told but not yet well learned) of hygiene and prevention. Cities should be built and regulated to prevent epidemics, as they should be to afford security from conflagrations. The laws of public benevolence, like those of private morality, are an essential part of the morality of the world. As personal vice brings misery, by the violation of physical laws, so the aggregate vice of communities, and the neglect of the higher classes to do their best for those

around them, meet with retribution, in those scourges, which, under the forms of plague, cholera, typhus, and yellow fever, desolate populations almost in proportion to the errors of their local life."

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*A Treatise on Epidemic Cholera.*—By HORATIO GATES JAMESON, M.D., Member of the Medical and Chirurgical Faculty of Maryland; Professor of Surgery; Member of Philosophical Societies of Berlin and Moscow, &c. Philadelphia: Lindsay & Blakiston. 1855. Pp. 286.

WE think that writers who venture to add anything to the already formidable array of "Cholera Literature," should feel very sure of their ability before they make the attempt. We have many exceedingly valuable treatises and papers upon the momentous questions pressed upon our consideration by this terrible disease. Observations, however, which have been hitherto so zealously carried on, must still be extended, and the perseverance which has accomplished so much, be courageously maintained.

It is with regret that we feel obliged to say that the present volume is not calculated, in our opinion, either to advance the knowledge of cholera, or to enhance any reputation which its author may have previously acquired. Its style is loose, its reasoning, for the most part, inconsequential, its arrangement confused, its language often astonishingly ungrammatical, and, in portions, bearing the marks of attempts at effect and fine writing which are at once painful and absurd.

The author commences by stating that his design has been "to make the work eminently practical," and "at the same time to impress upon it the character of an American work." In our view, he has done neither the one nor the other. There are certain details of cases and treatment, we are glad to say, which are valuable and well given; but most of the descriptions and comments are so badly arranged and so obscured by the writer's confused and erratic style, that, to us, the volume constitutes a sort of jumble of good, bad and indifferent things;—a few grains of wheat in the midst of a vast heap of chaff, all of which heap we have not the patience to winnow.

A great deal of valuable matter, by the aid of quotation marks, is interspersed through the book; the larger portion of these numerous selections is historical, and relates to epidemics of cholera in Hamburg, Moscow, Sweden, Berlin and Madras. The discussion of reports by Drs. Berg and Stenkula also occupies a large space. How all this can be regarded as "eminently practical," or particularly "American in character," we do not see. The pages just referred to are interlarded with comments, and now and then with irrelevant anecdotes and remarks suited to distract what little attention it is possible to concentrate upon the desultory narration.

The author devotes several pages, at the commencement of his book, to laudation of Sydenham, with a running complimentary commentary on Dr. Rush; his object being to announce his intention of adopting the views of the former, relative to "epidemical constitutions of the atmosphere," and to apply them to cholera. To this end, "Dr. Sydenham's" name appears thirteen times in three pages and a half, and further repetition is had, in course.

In reference to the visitations of the disease as observed in the United States, Dr. Jameson goes back to 1832, and gives us details of cases in Baltimore and elsewhere. As there are already many accurate accounts of the earlier epidemics of cholera among us, we regard the above as bordering, at least, upon supererogatory labor;—more especially as no new results or opinions of advantage are deduced.



Dr. Jameson finally attributes cholera to electrical causes as a "maternity," "whose affiliation with some other poison gives rise often, with slight premonition, to *cholera lethalis*." As only "a feeble contamination of the air we breathe" is ascribed to this "choleraic maternity," we will at least wait, before giving in our adhesion to this view, for future discoveries relative to the nature of that "*other poison*." (*Vide p. 264.*)

That any writer should deliberately come before the public in such slipshod guise, as to language and construction of sentences, is greatly to be deplored; nor would there be any worth in the excuse of haste in preparation of manuscript, were this apology offered. No one who publishes a volume on an important subject has any right to do it hastily or prematurely. Although the duty be disagreeable, it is not the less imperative upon journalists generally, to condemn not only what is positively worthless, but that which is hurriedly prepared. There are good books enough in the world, without our incurring a literary indigestion by swallowing crudities.

That we may not be accused of injustice or unnecessary severity, we refer to the following instances of inexcusable ignorance or carelessness. "Fevers of the several seasons, which, indeed, constitutes, &c." (p. 18). "Foregoing observations and views \* \* \* applies," &c. (p. 21). Take the following specimen of smooth correctness!—"an error of opinion this, that, it seems to us, to be almost a waste of words to attempt to disprove" (p. 22). We have heard of keeping things in abeyance, but never in "obeisance," as suggested by the author (page 22); "for, by a right understanding of its protean character, we may, in a good degree, *keep it in obeisance*." The italics are ours:—how fatiguing it must be to be kept in obeisance;—perhaps cholera might thus be tired out, by being made to execute a constant series of *salaams*?

The term "Physiolo-Chirurgical" strikes us as new, and as an undue shortening of the first limb of the compound word (p. 54). We remark here (p. 54) and throughout the book, the name of "J. F. Diffenbauch, of Berlin, Prussia." We really don't know him. Is he, perchance, a relative of Dieffenbach? Here is a sentence which becomes positively ludicrous by its construction:—"occasional seasoning of food with orange and lemon-peel would be both agreeable and sanitary, and other simple bitters; also some of the green raw esculents of the garden" (p. 259). The next sentence is even worse: "There is a seeming objection to this view in seeing, that these outbreaks of cholera take place, and again disappear, while the same course of procedure, as to the internal regulations, are still the same."

"Ubiquitariness" is an imposing word; is it in any new dictionary? (p. 265). Another inexcusable grammatical blunder meets us upon page 274;—"that there precedes outbreaks of the intense stage of epidemic cholera, epidemic diarrhœas, &c." Page 277, "entails first a lethalic state, and afterwards the sleep of death upon his victims;" *lethargic* state is evidently meant, but to show that the difference between the words is not comprehended, on page 282 we find, "Amid all this, there is general lethargy; and hence the term cholera lethalis." Indeed! and how long has this synonymy existed? Every *lethargic* person is surely in *deadly* danger!

Soda, and sassafras, camphor, chloroform, cold water and ice are all reckoned "carminatives" upon page 285. We demur.

Farther down, on the same page,—"*and there is agonizing pains, &c.*" (Our italics.) A little farther down; "3d. *Is there profuse discharges, &c.*"

The list of *errata* in the first part of the volume modestly presents

three. To these, besides the above, we could add several more: e. g. Lancisi for "Lancise," as seen on page 28; and, before that, lædentia for "lædentia," and establish for "established," on the first page of the Introduction; and therapeia for "therapia," on the second page;—on page 36, scarcely for "scarely" would scare us less. We see others, even now (page 263), "nor has any attempts been made, &c."; but, "'tis enough, 'twill serve."

The author, we omitted to state, is a non-contagionist, and in this, as is well known, he is supported by many able men and the majority of reliable testimony. When he says, however, that cholera is "non-migratory," we must ask for more and better proofs than he affords. (*p. 80 et seq.*) On page 258, we hear that cholera has existed in Baltimore and Boston "with appalling horrors." We hardly need say that, so far as respects the latter city (if, as we conclude, Boston, *Mass.* be intended), the statement is utterly erroneous, the disease having been mild, comparatively, in its manifestations here. The errors in grammar, and the manifest carelessness throughout, we regard as the least important faults of this book, which its writer informs us "comes before the public under the auspices of several hundred subscribers;" and which fact prevents its dedication "to some illustrious patron," lest such an offering should prove "invidious."

We will give the author's own account of his astounding success in treatment during an epidemic of fever in 1799 and 1800. In this account, and in certain others, we fail to see any relevance to questions belonging strictly to a treatise on cholera. The long citations upon epidemic cycles do not elucidate the subject proper, explain the "nature of its cause," or assist in proving its "non-contagiousness;" all of which are avowed objects of the author. (*Vide Introduction.*)

The assertions as to therapeutic skill are as follows; we quote them as illustrations of modest simplicity and considerate regard to a professional friend.

"We aver truly, with high satisfaction, that, notwithstanding we treated many cases, none died in our hands." (*p. 24.*)

"We close our observations on this epidemic by noticing an occurrence which we deem important: there was a competitor in practice in Wheeling, in our time there, who was a good deal older, and who had much more experience, and from him we received our principal views of the disease, and of its treatment, and yet our practice was far more successful than his, for he lost several patients. Our practice differed in nothing but this: we used our remedies to much greater extent than he did, carefully adapting them to the stage and force of the disease, by a faithful investigation, morning, noon and evening, where the location of the patient admitted of it, and they [*sic*] were nearly all in town." (*p. 24.*)

The typographical appearance of the work is good, although it falls somewhat short of the usual excellence of the issues of the publishing house which furnishes it. Were it less so, no wrong would be done to the "inner manifestations."

[We feel bound to state, that just after completing the above criticism, we heard of the sudden death of the author while engaged in superintending the issue of the volume, and learned more of his history and that his family were to reap the advantage of whatever sales might be effected, and at once decided to suppress the notice entirely, rather than say anything, even justly, severe, reflecting on the venerable deceased. To our surprise and regret, by utter mistake, the abandoned manuscript was withdrawn



from the corner into which it had been thrown (we intended to have destroyed it), and more than half of it was in type before we were aware of the error. Nothing remained but to explain our position and our misfortune in thus being made against our will to say aught "of the dead but good."]

*The Obstetric Memoirs and Contributions of* JAMES Y. SIMPSON, M.D., F.R.S.E., Professor of Midwifery in the University of Edinburgh, &c. &c. Edited by W. O. PRIESTLEY, M.D., Edinburgh, formerly Vice President of the Parisian Medical Society; and HORATIO R. STORER, M.D., Boston, U. S., one of the Physicians to the Boston Lying-In Hospital:—Members of the Medico-Chirurgical and Obstetric Societies of Edinburgh, &c. &c. Volume I., pp. 756. Philadelphia: J. B. Lippincott & Co. 1855.

THE numerous extracts from Professor Simpson's work which have already been given in our pages render an extended notice of it, at this time, unnecessary, even if we could command the space. The American edition will be hailed, we doubt not, by the practitioners of the United States, as a most invaluable addition to their libraries. The wonderful industry of the author has taken a wide range among those subjects in relation to which he is quoted as such high authority. None who are particularly occupied with obstetrics will neglect this vast repertory of facts, opinions and methods of practice; and those with whom midwifery is more occasional in its calls, can hardly be less interested in the details and information so laboriously accumulated.

In sending forth this edition, the publishers have conferred a favor upon the profession in this country by putting the work into their hands at so reasonable a price. Already, however, many have purchased the Edinburgh edition, soon after the arrival of copies here, showing the eagerness with which the opinions of the distinguished author are sought.

We observe that the junior editor, Dr. HORATIO R. STORER, in his preface to the present edition, comments, at some length, upon the uterine pessary, which instrument was proposed by Dr. SIMPSON in 1843, and elicited warm opposition in certain quarters. It is well known that, of late, the propriety and advantage of this instrument have been *questiones vexatæ* in the French Academy of Medicine, as well as less publicly. This is referred to by the editor, and with the assertion that the instrument chiefly used in France (that of M. Valleix) is "not at all that of Dr. Simpson, but an unwise, unjustifiable, and no doubt often dangerous modification." This being so, it would appear that a condemnation of the practice, on these grounds alone, is an injustice to the Scotch professor. Dr. Storer adds: "judgment should be set aside, or at least withheld, and before long Dr. Simpson will no doubt himself answer all issues satisfactorily." Further allusions to the circumstances of fitness and adaptation of these pessaries to patients will be found in the preface.

The American edition is elegantly and appropriately inscribed by the junior editor to those American physicians "who, at various times during his residence in Edinburgh, shared with him the advantages of Dr. Simpson's private practice," "and to PRIESTLEY," his coadjutor, "associated with every pleasant reminiscence."

The general appearance of this volume is creditable to the publishers; it is bound in *cloth*, the best binding for a book during its first and hardest use; after which it takes, all the better, one that is more substantial and well suited for the shelves of the library.

While the typography is, for the most part, clear, and the page of handsome appearance, we should have been better pleased had the paper been of a somewhat superior texture and finish, which we think would have given the wood engravings a chance to approach more nearly to the sharpness and distinctness of those in the Scotch copy. In certain of the cuts there is a very perceptible blur, owing, as we think, to the quality of the paper used. The letters of the text show this in some places. There are so many issues from our medical press far more open to strictures of this sort, that in this instance we have cause for felicitation. Would it not always be worth the while for publishers to use a better quality of paper than is generally afforded? A comparatively slight increase in the cost, would, we believe, be cheerfully met by purchasers, with such conditions. On the whole, the volume is a handsome one, and we feel quite sure that a large sale awaits it.

Messrs. Ticknor & Co.; Phillips, Sampson & Co.; Sanborn, Carter & Bazin; J. Munroe, and some others, have the work for sale at three dollars the volume.

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*Principles of Human Physiology, with their chief applications to Psychology, Pathology, Therapeutics, Hygiene and Forensic Medicine.* By WILLIAM B. CARPENTER, M.D., F.R.S., F.G.S., &c. A new American, from the last London edition, edited, with additions, by FRANCIS GURNEY SMITH, M.D., Professor of the Institutes of Medicine in Pennsylvania College. Philadelphia: Blanchard & Lea. 1855. Svo. p. 902.

For upwards of thirteen years Dr. Carpenter's work has been considered by the profession generally, both in this country and England, as the most valuable compendium on the subject of physiology in our language. This distinction it owes to the high attainments and unwearied industry of its accomplished author. Each successive edition has undergone close revision. Every new fact and discovery in the science, the truth of which was ascertained, or which was sufficiently probable to render it of value in a work of this kind, has been added, while all which has not borne the test of scientific scrutiny has been omitted.

The present edition (which like the last American one was prepared by the author himself) is the result of such extensive revision, that it may almost be considered a new work. In order to make room for the addition of new matter, the second, third and fifth chapters of the last edition have been transferred from this volume to the author's General and Comparative Physiology. The additions and improvements relate chiefly to the subjects of the Organic Functions; the Glandulæ of the Absorbent System, and the Vascular Glands; the Liver; the Cerebro-Spinal Nervous System; Vision; the Generative Function, including a summary of Dr. Dalton's researches on the distinction between the Corpus Luteum of Simple Menstruation, and that of Pregnancy; on the Modes of Vital Activity characteristic of different Ages; and many others. Dr. Smith modestly states that "Dr. Carpenter's untiring industry has left little for the American editor to add, beyond an occasional illustration of the text, or notices of more recent discoveries which have been published since the issue of the English." These additions, however, so far as we could examine them, are of very considerable extent, and add much to the value of the book. On the subject of Digestion, we notice that Dr. Smith has inserted nearly the whole of Dr. Dalton's interesting researches on the Gastric Juice, from the American Journal of the Medical Sciences for October, 1854. The author pays a compliment to the publishers, "expressing his sense of the honorable liberality



which they have on all occasions evinced in their arrangements with him." The volume is handsomely printed, and its appearance is worthy of the house from which it is issued. We need hardly say, in concluding this brief notice, that while the work is indispensable to every student of medicine in this country, it will amply repay the practitioner for its perusal by the interest and value of its contents.

For sale in Boston by Sanborn, Carter & Bazin.

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*Yellow Fever, considered in its Historical, Pathological, Etiological and Therapeutical Relations, &c.* By R. LA ROCHE, M.D., &c. Philadelphia: Blanchard and Lea. 1855. 2 vols. 8vo. pp. 614 and 812.

THE limits of a bibliographical notice are altogether too narrow to convey an adequate idea of Dr. La Roche's great work on Yellow Fever, the most complete and the most valuable, we may confidently say, that has ever appeared on this subject. Some notion may be had of the industry of the author by a perusal of the "Bibliography of Yellow Fever" prefixed to the first volume, occupying forty-five pages, and containing titles of nearly a thousand different works, or parts of works, on this disease. The book commences with a description of the topography, climate and population of Philadelphia, followed by an historical sketch of the epidemics of yellow fever by which that city has been visited, from 1699 to 1853, inclusive. After this comes the medical history of the disease, which is entered into with a minuteness that leaves nothing to be desired. No less than fourteen chapters of the first volume are devoted to the symptomatology only. Then come two more on the pathological anatomy, and others on critical days and critical efforts; type of the yellow fever; its complications; duration; convalescence and relapse; prognosis; incubation; mortality in Philadelphia; pathology and diagnosis. The second volume commences with the difficult subject of Etiology, embracing the much vexed questions of contagion and infection. The whole of this department occupies twenty-two chapters. The remaining seven chapters relate to the treatment and prophylaxis. All these subjects are treated in the most elaborate and faithful manner, and the work consequently forms the most complete treatise which has yet appeared on this subject. The painful interest which yellow fever has excited of late throughout the country, by its ravages in Norfolk and Portsmouth, render this work desirable even in those sections where the disease is unknown. The high reputation of the author and the excellence of the work itself will undoubtedly secure for it a rapid sale. It is well printed, in two handsome volumes, and is for sale in Boston by Messrs. Ticknor & Fields.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 8, 1855.

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### THE INTERNATIONAL STATISTICAL CONGRESS.

THE progress of civilization is in no way made more strikingly marked than in the conventions of men of science and philanthropy from distant regions, who, ignoring all political differences, all national jealousies, have only in view the advancement of science, and the welfare and happiness of mankind. Independently of the immediate objects of such institutions, the

benefit which they exercise in a general way towards the promotion of civilization and humanity is immense. In the language of the London *Lancet*, "the holy oil of science has ever tended to smooth the hardships of domestic subjection, to soften the animosities that divided nation from nation, and to keep alive the sometimes flickering and eclipsed, but never extinguished, flame of Liberty. Whatsoever the diversity of manners, language, government; whatsoever the political differences that held nations or their rulers at variance, the gentle and beneficent spirit of science has supplied a chain of international union that has never been broken." Of the importance and utility of these gatherings the present age is fully aware, and they are becoming annually more frequent. The International Statistical Congress, which has just concluded its second session in Paris, is an institution which cannot fail to obtain the most important results by establishing a uniform system for statistical investigations, and by generalizing the immense accumulation of statistical knowledge already obtained, a large portion of which has been but a useless accumulation. The first session of this Congress was held in Brussels in 1853, under the presidency of M. Quetelet, and was well attended. Since that time its members have been working, in different countries, towards the perfection of one universal statistical scheme.

The second session was held on the 10th September in Paris. The entire Congress was divided into four sections. The *first*, including Nosological Tables of Deaths; Statistics of Mental Alienation; Statistics of Epidemics; Statistics of Accidents. The *second*, Statistics of Agriculture; of Ways of Communication; of External Commerce. The *third*, Statistics of Civil Justice, &c. The *fourth*, Statistics of Provident Institutions; Statistics of Large Towns. The first section, which claims the most interest from us, consisted of four committees, and M. Rayer was elected president of the section. All the committees presented valuable reports upon the matters referred to them.

Dr. Farr, Mr. Fonblanque and Mr. Valpy were the official representatives from England. Dr. Balfour, Dr. Barnes and Dr. W. P. Johnson were also attached to the Medical Section. The sittings were held at the *Palais du Corps Legislatif*, which was appropriated to the use of the Congress. The general meetings were presided over by M. Rouher, the Minister of Agriculture. The members of the Congress were received with marked distinction by the Government, and with the utmost cordiality by their French scientific brethren. At the close of the proceedings on Saturday evening, Sept. 15th, the members dined together; on Monday they were received by the Emperor at the Tuilleries, and on the evening of the same day, by the Minister of Agriculture.

#### NEW ENGLAND INDUSTRIAL EXHIBITION.

THE "Industrial Exhibition" of this year did not compare in extent or interest with the "Mechanics' Fair," held biennially at this season in Faneuil Hall and Quincy Market. The number of objects relating to the medical profession is quite small, and with one or two exceptions not worthy of special notice. Besides one or two inventions which we have already described, we observed an apparatus for treating fractures of the lower extremities which is very ingenious, and promises to be a useful aid to the surgeon. It is called the "Invalid's Adjustable Bedstead," and is invented by Dr. E. Daniels, of Union, Broome Co., N. Y. It consists of a double inclined plane, the angles of which can be adjusted with great facility. The planes for the support of the thighs and legs are double, and each one can



be adjusted separately. Extension can be made of the support of the thigh or of the leg, and the whole limb can be extended in the horizontal position. The action of the bowels will not necessitate a change of position, a trap beneath the patient being provided. One great convenience of the machine is its portability. It can be easily carried from one house to another, and can be freely moved about the room, on castors. The extension is made by a rack and pinion, and the length of the limb can be adjusted to one-sixteenth of an inch. We call the attention of surgeons to this useful invention.

Thayer & Co., of Cambridgeport, have exhibited specimens of their admirably-prepared fluid extracts, which are well worthy of trial as convenient and efficient medicines.

Dr. J. A. Wood's Spiral Spring Supporter will be found a useful adjunct in the treatment of lateral curvatures of the spine, affording support, and at the same time allowing motion in any direction.

We noticed a useful little contrivance called the "absentees' register," for indicating the hour when a person absent from home may be expected to return, which is very convenient for medical men. It consists of a small plate of metal, on the back of which two discs are made to revolve. On the circumference of one disc are printed the hours, in Roman numerals; the other contains the minutes, in Arabic characters. By turning the discs, every hour and minute may be shown, by bringing them opposite two apertures in the metal plate. It was exhibited by D. Eldon Hall, of New York city, who has several others of the same kind, for the use of hotels, steamboats, railroad stations, &c.

#### CRANBERRY POULTICE IN ERYSIPELAS.

AN exchange paper copies from the *N. Haven Palladium* the notice of the treatment of a case of erysipelas, by poultices made of mashed cranberries. This remedy was proposed a few years ago, and employed in empirical practice. At the request of a non-medical friend, we tried the application in a case of moderate severity. It afforded no relief whatever, indeed the patient requested to have it exchanged for more effectual remedies. Probably in a few instances the poultice of cranberries may give temporary relief to the smarting pain by its coldness; but beyond this advantage, which is much more conveniently obtained by other epithems, the remedy is worthless. We should not notice it, did we not observe it highly recommended in several daily papers.

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*Communications received.*—Case of Asthma treated by Iodide of Potassium.—Case of Placenta Prævia.

*Books received.*—Carson's Synopsis of Lectures on Materia Medica. (From Ticknor & Fields.)  
—Lehmann's Physiological Chemistry. (From Ticknor & Fields.)

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MARRIED,—At New York, on the 23d ult., George T. Elliot, Jr., M.D., to Sallie, only daughter of William T. H. Duncan, Esq.

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*Deaths in Boston* for the week ending Saturday noon, Nov. 3d, 69. Males, 35—females, 34. Apoplexy, 2—inflammation of the brain, 1—consumption, 14—convulsions, 1—cholera infantum, 1 croup, 2—dysentery, 2—dropsy, 1—dropsy in the head, 2—infantile diseases, 4—diabetes, 2—epilepsy, 1—typhoid fever, 1—scarlet fever, 1—fracture of the skull, 1—disease of the heart, 2—inflammation of the lungs, 3—congestion of the lungs, 1—disease of the liver, 2—marasmus, 2—measles, 3—palsy, 1—suicide (severed brachial vein), 1—scrofula, 1—smallpox, 4—pleurisy, 2—teething, 3—unknown, 2—whooping cough, 1.

Under 5 years, 33—between 5 and 20 years, 3—between 20 and 40 years, 14—between 40 and 60 years, 15—above 60 years, 4. Born in the United States, 45—Ireland, 13—British Provinces, 4—England, 2.

*Mortality of Philadelphia for July, August and September, 1855.*—By WILSON JEWELL, M.D.—The deaths from all causes, during the past three months, have been 3387. The period embraced within the quarter, extends through thirteen weeks, or 91 days. Making the average 37 1-4 deaths per day.

The most striking peculiarity, is the large decrease of deaths, compared with the corresponding quarter of last year; amounting to 1144, or 14.45 per cent. The deaths for the third quarter of 1854, were 4531.

If we take this decrease of deaths as our guide, in forming some estimate of the health of the city during the season, knowing also that the population must have increased during the year from 2 1-2 to 5 per cent., and that 68 of the deaths on record were from the country, it is evident, that we have enjoyed an unusual share of health.

The largest decrease seems to have been in July, viz: 677. In August it was 316 less than for August of '54, but in September it was only 151.—*Med. Exam.*

*The Aztecs in Paris.*—These remarkable specimens of human beings, afflicted with the results of arrest of development, and well known in London, were brought before the Academy of Medicine of Paris in July last. M. Ferrus considers them, with M. Baillarger, as a peculiar sort of idiots, in whom a kind of arrest of cerebral development should be looked upon as the cause of the other deficiencies of their organism. The account put forward by the owner of these children, as to the existence of a race of Aztecs, was clearly shown to be a fable by the simple statement that individuals, with such a radical limitation of faculties, *could not procreate*. M. Baillarger exhibited, at the same meeting of the Academy, daguerreotypes of *cretins*, whom he had seen in the Pyrenees, and whose teeth and genital organs had also remained in the infantile stage, as is the case with the Aztecs. These *cretins*, however, differ from the latter in not presenting such decided microcephalus. Commissioners have been appointed to report upon the points of interest connected with the Aztecs.—*London Lancet*.

*The Arts of Medicine and of War.*—"How striking is the contrast," says Robert Hall, "betwixt the art of medicine and the art of war! The last of these, war, has for its object the destruction, the first the preservation, of the species. The mind of the warrior teems with the machinations of ruin, and anxiously revolves, amongst different schemes that present themselves, which of them shall scatter destruction to the widest extent, and with the surest aim; his progress is marked by devastation and blood, by depopulated fields and smoking villages, and the laurels that he wins are bedewed with the tears of widows and orphans. The acclamations which he wins from one portion of his species are answered by the curses and execrations of another; and the delusive splendor, the proud and imposing array, with which he continues to gild the horrors of his profession, are but the pomp and retinue of the king of terrors. The art of healing proceeds, with a silence and secrecy like the great processes of nature, to scatter blessings on all within its reach, and the couch of sickness, the silent retreat of sorrow and despair, are the scene of its triumphs."

*Adulterations of Quinine.*—The high price at which sulphate of quinine can now be had in its purity, has led to its extensive adulteration. Physicians and the public should be on their guard, and obtain the article from safe and reliable houses, else they may be using *arsenic, piperine, or strychnine*, for all these are employed for adulterating purposes. That many of the nostrums advertised for the cure of intermittents contain one or more of these poisons does not admit of doubt, and in infants and feeble persons even fatal mischiefs are liable to occur. This warning is called for by the facts and information before us. The phenomena of ague and fever, though sometimes ephemeral, are more frequently only symptomatic of grave congestions, and hence the medical man who pretends to have a specific or cure-all for intermittents, is either a knave or a fool. There is no disease which requires more discrimination and skill in diagnosis and treatment than the protean phases of ague and fever, nor is there any malady which more seriously endangers the future health, when mal-treated.—*American Medical Gazette and Journal of Health*.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## TREATMENT OF PSEUDO-MEMBRANOUS ANGINA\* BY THE ALKALINE CARBONATES.

Translated from the "Gazette des Hôpitaux," April 7th, 1855, for the Boston Medical and Surgical Journal.

THE solvent action attributed to the alkalies, upon the fluids of the body, and particularly upon certain abnormal products of secretion, has already been taken advantage of in quite a large number of diseases. We are not sure whether pseudo-membranous angina figures among the great variety of affections to which this treatment has, of late years especially, been applied; our recollections on this point are not exact. Were this so, however, the interest which attaches to the case recently communicated to the Academy of Sciences, by M. Marchal (de Calvi), would be none the less real. Its clinical and practical bearing gives it naturally a place in our pages.

Starting with the idea that the principle which is the cause of the disease known under the name of pseudo-membranous angina [*angine couenneuse*] is unknown to us, but manifests itself by a phenomenon, the formation of false membranes, indicating an excess of plasticity in the blood; and regarding this excess of plasticity, if not the immediate cause, the most striking phenomenon of the pathology of the malady, at least the fact which nearest approaches it, and to which, consequently, we must address ourselves, in order to attack the evil as nearly as possible to its source, M. Marchal had for a long time, he says, conceived the idea of resorting in such cases to the employment of alkalies, without, at the same time, neglecting the inflammatory indications. This he has done successfully in the following case, which we give in his own words, adding that we adopt the conclusions of our *confrère*, with the reservations which he has made.

"M. B., Chief Engineer of the Vincennes Railway, was attacked, in the beginning of March, 1855, with a sore throat, which at first appeared slight, but which rapidly grew worse. When first called,

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\* The French expression, *angine couenneuse*, is one which it is difficult to render satisfactorily in English, but the literal translation, which we have adopted, will be sufficiently intelligible. The disease is also called—pseudo-membranous inflammation of the fauces, membranous angina, diphtheritis, &c. The latter synonym was introduced by Bretonneau, by whom the precise nature of the disease was first satisfactorily made known.—[TRANSLATOR.]

at the beginning of the attack, I prescribed simple remedies. The next day, the inflammation was much more intense; the mucous membrane of the posterior fauces was very red and œdematous; the suffering very acute both in the posterior fauces, and in the sub-maxillary regions, and much increased by the act of deglutition. But what especially struck me, and from the first glance caused me the greatest uneasiness, were streaks of a pearl-white color, on the surface of the tongue, and more particularly on the palatine mucous membrane, and that of the tonsils (which were not much swollen), forming by their agglomeration very evident patches, concerning which there could be no mistake. It was, in fact, the product of a plastic exudation; only, in the mucous membrane of the throat, the product was interstitial, in other words it had not passed through the epithelium; whereas, on the tongue, the false membranes, one of which was of the size of the nail of the little finger, were superficial. I endeavored, for the sake of greater certainty, to scrape off one of these spots from the soft palate; I was unable to do so, and the effort occasioned in the patient a violent attack of vomiting. He complained of extreme distress in the posterior part of the nasal fossæ, which attained its height during the action of deglutition. The pulse was 130, large and soft. On account of the great number of cases of eruptive fever which existed at that time, the idea of commencing scarlet fever naturally presented itself to my mind; but, on the one hand, the mother of the patient had died (in 1845), of an attack of pseudo-membranous angina, and it is well known that this form of angina may be called a family disease. On the other hand, the plastic infiltration of the pharyngeal mucous membrane, and the false membranes on the surface of the tongue, were unmistakeable. Diphtheritis then existed, and in a man hereditarily predisposed, there was reason to fear that this affection, arresting the scarlatinous eruption, would pursue its course, the same as if it were idiopathic.

"I therefore decided to apply leeches, in order to diminish the inflammation, and to give the bicarbonate of soda, in large and often-repeated doses, to counteract the excess of plasticity of the blood. I prescribed twelve leeches to the submaxillary regions (six on each side), and 12 grammes (3 drachms) of bicarbonate of soda, in twelve powders, one to be taken every half hour, in a spoonful of sweetened water.

"This was at nine o'clock in the morning. At one o'clock, the patient had taken 8 grammes (2 drachms) of the bicarbonate. The leeches had drawn a large quantity of blood, which still flowed abundantly, evidently less plastic than in the normal state. As to the throat, the appearance of things was astonishing, and afforded me as much surprise as pleasure. The false membranes on the tongue remained, surrounded by a pultaceous, dirty-grey layer, which also covered the gums, where it was white; but the plastic infiltration of the posterior fauces had completely disappeared; not a trace of it was left. In the space of four hours, a most alarming



state of things, capable of inspiring the deepest anxiety, had wholly subsided. Was this owing to the influence of the bicarbonate of soda? Such is my opinion.

"In the evening, red points appearing upon the skin, announced the scarlatinous eruption, which was general and intense, and which had hardly begun to fade before it was followed by a miliary eruption of white, serous vesicles, very close together, on the neck and arms, accompanied by short paroxysms, during which the heart beat violently, as in the *suetle*.

"I return now to the essential point in this communication, the disappearance of the diphtheritis in the throat, under the probable influence of an alkaline salt. In the first place, no conclusion can be established in therapeutics from a single case. Moreover, this instance is not so demonstrative as we could wish, since in my patient the diphtheritic angina was connected with scarlatina, and the pseudo-membranous angina of scarlatina is much less grave than the idiopathic variety. But, as I have already observed, there was one circumstance, its hereditary character, which gave to the angina, although scarlatinous, a peculiar gravity. Besides, when we reflect upon so sudden a disappearance of the diphtheritis, after the administration of the bicarbonate of soda, we can hardly fail to see in it an effect and a cause; and we may ask whether the same effect would not take place in idiopathic diphtheritis.

"I have said that the object of the alkaline salt was to counteract the excess of plasticity in the blood; it might also have another mode of action, a local or direct effect upon the diphtheritis. This did not escape the attention of M. Trousseau, to whom I communicated the case, which so much interested him that he desired to try the alkaline carbonates in the treatment of pseudo-membranous angina. The local effect which I have mentioned is easily understood, since a gramme (15 grains) of bicarbonate of soda, in a teaspoonful of water, is rather hard to swallow, and 'scrapes as it goes down,' according to the expression of the patient."

#### CASE OF PLACENTA PRÆVIA.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. S., æt. 38, English, of pale anæmic aspect, and light flaxen hair, has had five children, the youngest now being some 5 years old. She came out to this country last Christmas, her husband having preceded her three or four years. During the winter, she was, at times, quite out of sorts, and ascribed her ill health to change of climate, and catamenial derangements.

She came under my notice last March, and was then suffering from influenza, attended with symptoms of general debility, which were relieved in little more than a week's treatment. She then mentioned to me the fact, that she had been "irregular" during the winter, at times having a slight "show" for some days, and

afterwards being entirely free for weeks, and asked the cause of it. She was answered that she was probably pregnant, and that the symptoms proceeded from weakness, and would cease as she regained her general health.

The opinion as to her pregnancy proved correct, and I saw her no more till Sept. 9th, when I was summoned to her in haste, she having lost a large quantity of blood, and being in pain. I found her somewhat exhausted, and strikingly anæmic in aspect. She reported that upon rising and using a chamber vessel, "her waters broke," as she supposed at first, but on inspection, to her horror she found the vessel "half full of blood," and the hemorrhage still continued. An examination revealed the spongy mass of the placenta, centrally implanted over the os uteri, which barely admitted the tip of the finger. A tampon of solid alum was applied, the abdomen covered with cold wet cloths, and ergot administered at frequent intervals. The pains proving spurious and wandering, and the flowing being entirely arrested, the ergot was discontinued after two or three doses, and the patient rallying, and appearing comfortable, an opiate was administered. The plug remaining in, she was left for the night, with instructions to call me if the pain or flooding returned. On visiting her the next morning, the hemorrhage had not returned; the tampon was then removed, and strict rest in the horizontal posture enjoined, with nutritious, unstimulating diet. The appetite was good, and apparently increased to a very marked degree by each loss of blood, from which a favorable augury was derived, as to the restorative powers of the system.

The patient continued comfortable, with no considerable loss of blood, though with a constant slight oozing till Sept. 19th, when I was summoned suddenly to her, she having passed a large coagulum, and having decided labor pains, though weak in character. An examination showed no dilatation of the os uteri, and the pains being unfrequent, and the flowing insignificant, I left her for a while, to visit a few patients in the immediate neighborhood. I was called again, in an hour's time, and found her flowing much more, with an increase in the pains, the os being more dilatable, but not admitting two fingers. The alum tampon was immediately applied, and ergot administered every fifteen minutes. Brandy and ammonia were also freely given on the first signs of faintness. In an hour and a half, the os admitting two fingers, and being dilatable, and the patient feeling the loss of blood severely, it was decided to deliver at once. The os gave way readily before gentle efforts at dilatation, and the hand entering the uterus, peeled off the placenta from its posterior attachment, and encountered an extremity inclosed in the still entire membranes. This was readily recognized as the right foot, and was soon brought down with its fellow, and the labor terminated in three hours from the time of my second visit, though with great difficulty, owing to a general narrowness in the diameters of the brim. The child was dead, the funis having ceased to pulsate from the time it was first felt, an hour or more before delivery was accomplished.



The presentation of the child was footling, its back being applied to the back of the parent, and the face coming down under the pubis; and this complication, while it increased the chances of the parent, rendered the case of the child the more hopeless, from the necessary compression the funis met with from the head in the narrow brim.

The placenta followed the child in ten minutes, the uterus contracting strongly; and the patient, though much exhausted, rallied well and made quite an average recovery.

*South Natick, Mass.*

G. J. TOWNSEND.

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#### THE CONTAGIOUSNESS OF PRURIGO.

[Communicated for the Boston Medical and Surgical Journal.]

BY THOMAS F. BARTON, M.D.

My attention has been called, in a late number of the Journal, to the apparent contagiousness of prurigo. Although the subject may seem to be a trivial one, yet I think that in dignity it falls not far below many topics which among physicians have elicited much spirited discussion.

That there is a papular eruption, under certain circumstances contagious, which in ordinary diagnosis would be considered prurigo, I am quite fully convinced. When an individual affected with the disease comes from a distant place, and several persons on sleeping with him successively take the same disease, and these in turn in a like way (apparently) communicate it to a third party, not only in their own vicinity, but on removing to a new locality, it is well to inquire whether the affection is contagious or not. I have seen several instances in the past year where the disease seemed to be spread by contagion. That it will break out in a family and attack all the members successively, would appear to be no great evidence of its contagiousness; the cause, whatever it may be, would seem to be a general one, equally affecting all who come within the sphere of its action.

Among the many cases of prurigo which I have seen, I have not been able, in any way, to note any peculiarities which would help establish a differential diagnosis between the ordinary form of the affection and that which is apparently communicable from one person to another. In the apparently contagious cases which I have observed, the disease seemed to be entirely papular, at no time taking on a vesicular or a pustular character. If there was any discharge it was a sanguineous one, nor did I notice this unless the cuticle had been abraded by the nails. The pimples were flattish, neither minute nor acuminate, as in scabies. There were no signs of acari to the unassisted eye; and should they have been found to exist, and should they be necessary to constitute a case of scabies, it would show that this latter disease is not confined to an eruption

of a vesicular, nor even of a pustular character, which would destroy the ordinary definition of the affection.

Willan would seem to have held the notion that there was a papular eruption, which in certain of its forms, or under certain circumstances, was contagious, when he advanced the singular opinion that prurigo might sometimes be converted into contagious scabies.

While I am quite well satisfied that, in the cases alluded to, the disease was communicated from one person to another, I am equally satisfied that it is not strongly contagious. Nor is it unphilosophical, or contrary to experience, to consider a disease occasionally and feebly contagious. This may be affirmed of scarlatina, since but a small part of those exposed to its poison take the affection. And what may be said of scarlatina in this respect, may with no impropriety be said of some minor diseases. It may be well to state that the treatment which is almost a specific in scabies, wholly failed to cure the cases to which reference is here made.

If we admit the contagiousness of the affection, and are certain that it is not scabies, it will be left us to discover those peculiarities in it which will enable us to distinguish it from the ordinary non-contagious papular diseases. To those who have made dermatology a particular study, we must look to be enlightened upon this subject.

Jefferson, Me., Oct. 25, 1855.

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#### CASE OF INTERMITTENT FEVER.

BY W. A. PECK, M.D., BERWICK, PA.

MARY W——, a hale German girl of 18 years, had an attack of uncomplicated remittent fever, which readily yielded to the usual remedies. A week's convalescence was succeeded by a retarding quotidian intermittent. These she continued to have, presenting nothing at all remarkable, until the fifth paroxysm, when I was called in to witness its singularity. I found her shaking her right side, arm and leg most valorously, while the left side and limbs presented their usual appearance. The right side was extremely cold, with *cutis anserina*; small, quick and accelerated pulse, with the other usual phenomena of the ague. The median line very *accurately* defined the extent of the morbid action. There was, however, a shading off of the coldness of the right, to the natural warmth of the left side.

The skin of the left side presented its usual temperature and moisture; the pulse was much fuller than on the right side. The involuntary muscles and sensation of both sides were unaffected. There was slight tenderness in the right hypochondrium and in the epigastrium, which was the only accompanying symptom discoverable, worthy of note. The chill lasted about two hours, when it was regularly succeeded by the hot stage. The right side went



through the whole succession of phenomena as regularly as though both sides were companions in misfortune.

The pulse of the left side partook, of course, of the acceleration of the right, but without its fulness or tension. The temperature of the skin was slightly elevated, which provoked a moderate perspiration. The fever of the right side went off in the course of four hours, with a profuse sweat.

She has had the ague since, but has uniformly brought "all fours" into service. She never has presented any lateral derangements of the functions of the spinal cord before or since; and hence this goes far to show the intimate relation existing between the spinal cord and the action of miasmata in the production of the above phenomena, thus furnishing another strong evidence of the centric spinal action of the malarious poison in the production of intermitting fevers.

#### POISONING BY PHOSPHORUS.

Translated for the Boston Medical and Surgical Journal from the "*Gazette des Hopitaux*" of July 3d, 1855. Reported by Dr. EMILE MARCHAND, of Sainte-Foy (Gironde).

[WE lately published a case of "poisoning by the fumes of phosphorus," observed at the Massachusetts General Hospital, and are glad of an opportunity to give the following account calling attention to the minute necroscopical description.—EDITORS.]

A man, about 55 years of age, of deficient intelligence, ate some bread soup in which an unknown quantity of a paste impregnated with phosphorus had been mixed; the mixture having been used for poisoning rats. This paste is made up by apothecaries, who sell it to any applicant, and is composed of meal (*farine*), ordinary phosphorus and water.

While eating his soup the man perceived, from its taste, that it was different from that usually prepared for him. Notwithstanding this, he swallowed all that was offered. Immediately afterwards he felt a certain uneasiness and sought a physician's advice, telling him sulphur had been given him in his food. During the remainder of the day, however, he remained up and did not vomit.

On the morning of the next day he kept his bed. There was general uneasiness (*malaise*); the urine was suppressed; no thirst, vomiting or diarrhœa. His physician prescribed tartar emetic, which caused slight emesis; the ejected matter was of a glairy appearance.

On the third day, pain at the epigastrium and in the abdomen came on; there was no vomiting, but a few loose discharges from the bowels. Very great and general anxiety and restlessness. Leeches were applied to the epigastrium. Death took place during the night.

*Necroscopic Examination, 22 hours after death.*

*Exterior Aspect.*—Slight emaciation; uniform yellow coloration of the skin. No wheales on the integuments (*vergetures*); but little cadaveric rigidity.

*Thorax.*—Larynx and trachea normal. Both lungs congested (*congestion sanguine*) at their bases posteriorly; no tubercles, no hepatization; some traces of former pleurisy. Pericardium normal, and containing about a spoonful of yellow serum. Substance of the heart soft and pale. But little blood contained in its cavities, and that in a liquid state. There was, however, a long fibrinous concretion in the left ventricle.

*Digestive Organs.*—The gums and the necks of the teeth were of a bluish color; the tongue, buccal mucous membrane, pharynx and upper portion of the œsophagus, healthy.

The peritoneum which lines the anterior abdominal walls was covered with arborescent vessels.

The stomach appeared normal exteriorly; at the lower part of the œsophagus, a large number of deep chestnut-colored spots were observed upon the pale mucous membrane. These spots were rounded in shape and arranged in horizontal lines. Their form and size was that of a lentil; when scratched with the finger-nail they did not disappear; at the lower extremity of the œsophagus they became confluent. The cardiac orifice was of a uniform greyish-black color, and gangrenous in appearance.

Within the stomach, in the neighborhood of the smaller curvature, deep chestnut-colored spots and red branching vessels were seen. Nothing unusual at the larger curvature. The pylorus was covered with red, arborescent vessels. The small intestine was reddened externally, excepting its last three feet; internally it was of a very deep red color, colored with black vascular arborescence (*arborisations noires*), especially in the duodenum and jejunum.

The large intestine was healthy. Both the stomach and intestines contained a thick, dirty-yellow liquid.

The liver was fatty and soft, greasing the knife; the gall-bladder was full of very fluid bile.

*Urinary Organs.*—Nothing remarkable; the bladder was small and contained no urine.

*Cellular Tissue, Muscles, &c.*—Very large spots of ecchymosis among the femoral muscles.

The brain and spinal marrow were not examined.—Analysis of the liver showed that it contained more phosphorus (*plus de phosphate*) than in a state of health.

#### REMEDY FOR HEMORRHOIDS.

MESSRS. EDITORS,—I met with the following account of a new remedy for hemorrhoids in the *Gazette des Hopitaux* for September 13th. Thinking it of interest, I have translated it for the benefit of those who have to treat this common and troublesome complaint.

Yours, &c., A.

REMEDY FOR HEMORRHOIDS.—*Imperial Academy of Medicine.*—Session of September 11th, 1855. M. Robinet read, in the name of



the Committee on new and secret remedies, a report on a method of treating hemorrhoids proposed by M. Allègre. This treatment consists in the use of Cayenne pepper, *capsicum annuum*, either in powder or extract. In powder they prescribe it in from 50 centigrammes to a gramme and even to three grammes. (From 7 to 42 grains.) The method proposed by M. Allègre having appeared to the members of the Committee to deserve examination, experiments to the number of fifty have been instituted by some of their number, with much success. One of the most remarkable instances of success occurred in the person of one of the Committee, who has had much reason to congratulate himself on having tried this remedy.

Nevertheless, as the facts which have come to the knowledge of the Committee have not appeared to them to be sufficiently numerous to enable them to come to a final conclusion, and in consideration of the difficulty of experimenting on a sufficiently extensive scale in the hospitals, where it is only occasionally that a patient is found suffering from hemorrhoids alone, the Committee were of opinion that it was proper for them to make an appeal to the medical profession, to invite them to try this remedy upon any cases which may occur in their practice.

M. Gerdy thought the report did not give sufficient details. The Committee do not state the proportion of cures. They speak of fifty experiments. If the fifty cases were all cured, the result was superb! The remedy would be the very *cinchona* of hemorrhoids. But he must be permitted to have his doubts. A heroic remedy is not found every day; we know only of two, *cinchona* and mercury, after four thousand years of observation.

M. Robinet remarked that the Committee had not thought it necessary to give, case by case, the results of their observations. All they thought it important to say was, that the results they had observed were sufficiently satisfactory to induce them to multiply their experiments.

M. Piorry, after going into an explanation of the structure and different anatomical conditions of hemorrhoids, concluded by saying, that we cannot consider this malady as always the same, and consequently it should not be always met by the same remedy.

M. Jobert said that he had tried the remedy recommended in the report, and that almost all the patients to whom he had administered it had experienced considerable and almost immediate relief.

The conclusions of the report being put to vote, were adopted.

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#### CASE OF ASTHMA TREATED BY IODIDE OF POTASSIUM.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. S., aged 28, has been married ten years. She has one child six years old, but has been pregnant several times. Since she was sixteen has been subject to attacks of asthma during the catamenial periods. During pregnancy has had no return of the asthma.

I saw her first in June last. She was then suffering from a severe attack of the disease, for which she had taken an emetic of the wine of ipecac., with only temporary relief. I gave her six grains of the iodide of potassium, to be repeated in an hour if there was no relief. I saw her again in three hours, and found her asleep, the medicine having been repeated once. She experienced much relief from the first dose, and after the second, she said "the breathing became perfectly easy." She thought the solution "must contain some narcotic medicine," as it gave her "such a disposition to sleep." I continued the use of the iodide for forty-eight hours in smaller doses and at longer intervals, and she had no return of the asthmatic breathing.

The patient being anæmic I ordered chalybeates to be taken until three or four days before the expected return of the menses, when she was ordered a pill, night and morning, containing one half grain of ext. belladonna. She has since continued the use of the iron and belladonna, and has had no return of her old trouble until about a week ago, when she had a slight attack which she attributed to exposure to cold, and which was soon relieved by the iodide of potassium.

Having seen several cases of "Asthma treated with the Iodide of Potassium," reported in the Journal some time since, and wishing to add my testimony in favor of the value of the medicine in this complaint, and hoping some one else may be induced to try its effects, and with results as satisfactory as has been my experience, I send the foregoing notes.

In conclusion, I would say that I have been in the habit of using the iodide in asthma for the last five years, and in *all cases with marked benefit to the patient.*

A. B. HORT.

Winchendon, Oct. 29th, 1855.

## Hospital Reports.

### MASSACHUSETTS GENERAL HOSPITAL.

*Congenital Tumor on the back of the Head.*—(Under the care of Dr. S. D. TOWNSEND. Reported by ALFRED HOSMER, Surgical House-pupil.) 1855, Oct. 6th.—A. G., æt. 11. Has light hair and eyes, a slender frame, and rather a large head, is sufficiently intelligent in his looks, and reported to be quite precocious. So far as can be ascertained, there was nothing remarkable among the circumstances of his birth. The physician who attended his mother at his birth, relates the following as the cause assigned by her for this deformity. While she was pregnant, a large hog, which had recently been emasculated, passed frequently by her house. The appearance of the animal produced an unpleasant sensation in her, which caused her always to place her hand on her head.

He has, situated symmetrically upon the back of his head, a congenital tumor, the present size of which scarcely exceeds that it had when the child was born. Consequently, as the head has grown, the tumor has become



relatively smaller, and the deformity less conspicuous. As has been intimated, the patient's intellect has been in no way or degree impaired, but his physical development is less than would be expected.

The accompanying engraving (from a sketch furnished by Mr. L. M. Sargent, Jr.), shows very accurately the position, form and relative size of the tumor, which measured ten inches in circumference at its base, and six and a half inches antero-posteriorly along the median line. The integument which covers it is very white, loose and abundant, easily pinched up in folds, and feels thick, soft and somewhat œdematous, and is destitute of hair. The tumor itself has a smooth, rounded surface, is firm and hard to the touch, is movable and to all appearances entirely free. It is not painful, but now slightly tender after numerous examinations, and pressure causes pain in the mass itself. But when the patient was younger, he frequently seemed to be disgusted and angry with this curious and uncommon appendage, and without apparent suffering, exposed it to considerable violence in various ways.



In the tumor itself pulsation cannot be detected, but may be distinctly seen and felt in front, and a little to the left of it, where there is a deficiency of cranium, the whole extent of which cannot be ascertained as it is concealed posteriorly by the tumor. But so far as it can be made out, it covers a space two inches square, and is limited on three sides by a well-defined, somewhat irregular, sharp, bony edge. This deficiency is, for the most part, confined to the left side of the head, but seems to include the posterior fontanelle.

After a consultation with the surgeons of the house, it being deemed inexpedient to remove the mass, Dr. Townsend performed the following operation, the patient being under the influence of ether.

A little to the right of the median line two semi-elliptical incisions were made, meeting above and below, and including a portion of the integument five inches long, and nearly two inches in its greatest width. This piece was dissected out, and the edges of the wound were approximated, and maintained in apposition by sutures and adhesive straps. Cold water dressings were then applied. There was not a great amount of hemorrhage, and no vessel needed ligature. Underlying the scalp there was an abundant deposit of fat, which rested upon a white, dense-looking membrane, which moved freely over the surface of the tumor. The object of this operation was to diminish the apparent size of the tumor by contracting its coverings.

Oct. 7th.—Patient had a restless night, but slept most of the time. Has a little pain in the wound.

8th.—Some redness of the skin is seen in the neighborhood of the wound. Febrile symptoms very slight.

9th.—Sutures removed. Some pus escaped, particularly near the anterior angle of the wound, which showed but little disposition to gape. Dressed with spread lint.

10th.—Doing well. May eat some meat and go out of doors.

11th.—Less redness of the surface. Wound looks healthy.

Removed by his attending physician to the country.

*Compound Comminuted Fracture of the Foot, and Injury of the Pelvis.* (Under the care of Dr. CABOT. Reported by ALFRED HOSMER, Surgical House-pupil.) 1855, May 28. John F., a healthy man of temperate habits; æt. 19; mechanic, from Nova Scotia, was admitted at 6 P. M. Patient was walking upon a railroad, and while attempting to get out of the way of an approaching train, was struck by the engine, thrown into the air, and fell a short distance from the track. Upon arrival at the Hospital he was much collapsed. On the inside of the right foot there was a wound which began one and a half inches below, and a little behind, the external malleolus, and extended around the extreme point of the heel up to the internal malleolus. This wound was quite a clean incision. The posterior portion of the os calcis was cut off, and some small fragments broken from the tibia and astragalus. The ankle-joint and calcaneo-astragaloid articulation were both opened. There was pulsation in the anterior tibial, but none in the posterior. Three inches above the ankle, upon the anterior aspect of the leg, was a wound an inch long; the finger being introduced into this, could feel the denuded tibia, and could be moved freely between the integument and deep tissues. Over the sacrum there was a large swelling, with considerable ecchymosis, and there seemed to be slight displacement of some of the spinous processes beneath.

Dr. Cabot having been sent for, amputated the limb by the circular operation, midway between the knee and ankle. Two vessels were tied; the wound was closed by sutures, and cold water dressing applied.

29th.—Had a sleepless night, with much vomiting. Opiates did no good. Urine was drawn off late last evening, and found to be slightly tinged with blood, and had something of an ammoniacal odor. Had some priapism through the night, and seminal emissions this morning. In the evening he continued in a semi-delirious state. Pulse 120, feeble; tongue coated; skin rather dry. Takes little nourishment. Passed urine involuntarily this afternoon.

30th.—Opiates failed to make the patient sleep last night. Is very thirsty. Sensibility in lower extremities evidently impaired. Passes urine himself.

31st.—Last night no better than the previous one. Delirium now diminished a little. Pulse 100, quite strong; tongue coated. May take broth and cider. No dejection. May have an enema.

June 2d.—Symptoms somewhat improved, but patient sleeps very little. The flaps are vesicated, dark-colored and sloughy. Apply yeast poultice.

**R.** Quinæ sulphat., gr. ij., three times a day.

4th.—Sprinkle stump with pulverized cinchona. Jactitation and delirium still continue in some degree, in spite of various sedatives and narcotics. To-night give **R.** Chloroform, ℥ss; muc. gum acac., ℥iss. **M.**

6th.—About the same. Sloughing of flaps somewhat increased.

9th.—Ligatures separated; sloughing seems to have ceased, and healthy suppuration to be established. Patient has a good appetite; is now rational and quiet, and sleeps pretty well with the aid of elix. opii ℥ss. Looks much brighter, and may have wine or porter.

12th.—Quite comfortable. Discovered an unusual fulness just below Poupart's ligament on the left side; and at this place there was gurgling on pressure, and resonance on percussion.

13th.—Has a slough two inches in diameter over sacrum. Apply poultice.

17th.—Slough separated. Fulness on upper part of left thigh increased. Has an abscess forming on the inside of right buttock. Free discharge of pus from opening over sacrum.



20th.—Sleeps and eats in a very satisfactory manner.

21st.—Urine this morning was of a pale-yellow color, and had the odor of fetid pus. Dr. Bacon examined it and found it acid; specific gravity, 1,027. A large, cream-colored deposit of pus globules. Albumen is found, probably due wholly to the liquor puris.

The same resonance and gurgling that have existed in the upper part of the thigh of the left side, have appeared in a similar position on right thigh, and by making alternate pressure on the two sides, fluid seems to pass across with a gurgling noise, and fluctuation is well marked.

22d.—Abscess on right buttock matured; its cavity seems to communicate with the collections of fluid in both thighs, as fluctuation can be obtained between any two of these three points. Abscess opened, and a large amount of fetid pus evacuated. Urine still loaded with purulent matter.

24th.—Urine clearer. Some diminution of the fulness and resonance which have been noticed below Poupart's ligament on each side. May have an enema.

25th.—Attendant reports one dejection, in which there was some pus.

27th.—It is found that at the symphysis pubis there is a separation of two inches.

July 5th.—Appetite impaired. Pulse quick and feeble; tongue coated. Purulent discharge still continues profuse. Slight additional sloughing over sacrum. Omit quinine.

9th.—For a few days has had some diarrhœa, attended with very offensive discharges. Checked by opiates and astringents. Not much appetite. R. Tr. cinch. co.,  $\mathfrak{z}$ ss., three times a day.

11th.—An abscess has pointed just below right groin. Opened to-day. Discharge thin and offensive. Stump healthy. Dress with spread lint.

14th.—Patient much improved in appearance. Separation at symphysis pubis increasing. Put a swathe about pelvis.

16th.—Removed by friends, and considered much improved.

Oct. 16th, 1855.—To-day patient came to Hospital; he has gained much flesh, and is in excellent health. The ossa pubis are now in close and natural apposition. The ulcers, sinuses and abscesses about the sacrum and groin have healed. The stump is decidedly conical, and shows some healthy granulations at its apex.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

JULY 9th.—*Infantile Convulsions following, and probably wholly depending upon, the ingestion of improper food—Treatment by Lobelia—Death.*—Dr. MORLAND was called, two days since, to see a female child, 22 months old, and found it nearly moribund on his arrival. It had eaten parched corn in considerable quantity; a piece of corned-beef was also given to it at dinner, and was eaten. The child had been perfectly well previously, and was so on the day of its seizure, until about two hours after dinner, when it was taken with what was termed by its mother "a fit," after having been for a short time at play out of doors. This sort of attack was renewed, and, from the description given him, Dr. M. was satisfied that general and violent convulsions took place. All the teeth were present except the two last molars of the lower jaw, and there had been no trouble with them. Neither of the parents had had convulsions in their infancy.

In the confusion which ensued (the father being absent), the mother was over-ruled by officious friends, and an "Indian or Botanic Doctor" was sent for, who administered *lobelia* freely, and gave injections. Dr. M. saw the child by request of the father, on his return home; it was lying in its mother's lap, its face pale and cold; the upper and back part of the head hot; the hands and feet cold; it had a collapsed, sunken aspect, very similar to that of a person who has been thoroughly sickened by smoking tobacco. After a few ineffectual attempts to arouse vitality, by frictions with camphorated spirit, warm pediluvia with mustard, cold being applied to the head and a stimulating enema given, &c., the case was abandoned as hopeless; the efforts mentioned, indeed, being made more for the satisfaction of the parents, than with any hope of success. Death occurred, quietly, in about half an hour. There were, during Dr. M.'s stay, convulsive shudderings, but no true spasmodic action was observed. No *post-mortem* examination was made.

Dr. Morland said that he mentioned the case chiefly to have an opportunity for asking whether, in cases of this description, a fatal termination be not uncommon, a proper treatment being instituted? He believed that, in this instance, death was quite as justly referrible to the *lobelia* as to anything else. The powerful action of the "Indian tobacco" is well known; and when the tender age of the patient is considered, its inappropriateness to the case seemed to him very striking. The question, therefore, is important—whether these cases, properly managed, do not, almost invariably, result favorably? The short time intervening between the seizure and death is worthy of notice.

Dr. CHAS. E. WARE spoke of a case of fatal convulsions not referrible to any appreciable cause, and stated that *post-mortem* examination afforded no explanation of the attack.

Dr. J. B. S. JACKSON referred to two cases of convulsions in young children, occurring immediately after eating fruit; in one, cherries—in the other, oranges, seemed the exciting cause. Both of these children died. Nothing was discovered on necroscopic examination, in either of them, in the brain or in the alimentary canal, to account for the affection. In another case, fatal convulsions occurred in a child after swallowing a pebble-stone.

Dr. COALE related, in this connection, the case of a child, eight months old, attacked with violent convulsions. A large dose of calomel completely removed the symptom at the time. On the next day, however, there was recurrence; the same treatment was resorted to, with a like effect. A subsequent access of convulsions was met by an enema, soon after which, a *cherry-stone* was discharged from the bowels, and the convulsions never returned. The stone, it will be observed, had remained in the bowels for a period of 60 hours, notwithstanding the repeated purgation.

Dr. STRONG inquired of Dr. Morland whether emesis was caused by the *lobelia* which was given, in the case referred to by him?

Dr. M. said that there was emesis, but it was not profuse; he thought that the depressing action of the herb used was the most evident effect observed; a stimulating emetic, or even ipecac, would probably have acted much better.

Dr. Strong thought that when there is free vomiting from *lobelia*, no harm would result from its administration.

Dr. DURKEE inquired whether the *tincture* or the *infusion* of *lobelia* was given.

Dr. M. was told by the parents that the medicine was poured from a bottle; it was therefore undoubtedly the *tincture*.



[Much that is interesting and important has been written upon the subject of infantile convulsions. On consulting certain of the highest authorities, we find the following evidence in respect to the chief points of interest in cases of convulsions referrible to errors in diet.

M. M. Rilliet and Barthez, Bouchut, Guersant and Blache, regard those convulsions which follow the ingestion of improper food as of a grave nature; yet from their statements it would appear that in the majority of such cases, recovery takes place when the proper means are employed. One instance is related by the last named authors, in which "horrible convulsions" continued for several hours, notwithstanding the most energetic treatment; the attending physician despaired of success, when suddenly emesis took place and a large quantity of undigested potato was thrown off. Consciousness and intelligence were instantly restored; no more convulsions occurred, and a hemiplegic condition, which had continued from the first convulsion, disappeared immediately. Other cases are on record besides those related by these writers, where the offending material had remained for a long time in the stomach and bowels, convulsions occurring at intervals, until its final discharge; and, most frequently, recovery ensued. They give an example where convulsions continued almost without interruption for *nine* days, and death seemed imminent (*la vie paraissait près de s'éteindre*), when vomiting, excited by wine of Alicant, forced into the mouth and swallowed, brought up some omelet and green gooseberries, several of the latter being still whole.—(*Dictionnaire de Médecine*).—Dr. Locock (*Cyclopædia of Practical Medicine*), furnishes a similar case; the patient, a child 4 years of age; convulsions; ejection of raisins (eaten eight days previously) by means of an emetic.

These facts make the management of the irregular practitioner, in the particular case first mentioned, still more evident. 1st, The time between the ingestion of the improper food and the attack was very short; there was, therefore, abundant time for efficient action. 2dly, The child was healthy; not plethoric; had showed no signs of organic disease; these were the most favorable circumstances for recovery.

The most noticeable errors in treatment, were, 1st, The inappropriate emetic chosen,\* and its free use; its effect being severe prostration and not adequate emetic action. 2dly, The inefficient enemata employed; which, if used at all, should have been such as to insure speedy operation. 3dly, The total neglect of efficient external applications.

Although in many cases of convulsions, violent remedies are not needed (and we have the best authority for this statement: *e. g.* Jackson: *Letters to a Young Physician*; p. 70; Evanson and Maunsell; *Diseases of Children*; p. 146); and although Chomel has said—"L'enfance est l'âge de résurrections," yet few will be found who would willingly be passive or only semi-active in cases of even moderate intensity. Dr. West well remarks, however, that while many sudden and violent attacks "run some risk of being over-treated from their supposed dependence on active cerebral mischief," those attacks which "come on gradually, after various forebodings," which are less violent, and "occur at longer intervals," too frequently "excite less apprehension than they really warrant."

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\* Dr. Wood (*Dispensatory*) says of lobelia, "Death has often resulted from its empirical use. Its poisonous effects are most apt to occur, when, as sometimes happens, it is not rejected by vomiting."—(P. 453.) "As an emetic, it is too powerful and too distressing, as well as hazardous in its operation, for ordinary use." Dr. Royle, describing the action of lobelia, writes—"narcotic, acrid, antispasmodic, acting in many respects like tobacco."—(*Materia Medica*.) Its antispasmodic property has been wholly employed, however, in attacks of "spasmodic asthma." We have abundant evidence of its unsuitness for ordinary emetic purposes, especially in infants.

Convulsions which recognise indigestion so plainly for a cause as in the case related, admit of but one sort of treatment, and that at once prompt and effectual. Several instances have been mentioned to us since the above report, in which recovery was speedy and complete after thorough emesis. In one patient, baked beans were the offending material, and all trouble disappeared instantly, on their removal, which was effected by enemata. In another, mince-pie was brought up by an emetic, and immediate relief ensued.

It is reasonable, therefore, to conclude that success is *the rule* in these cases, notwithstanding they are classed with those of serious import by the best writers.—SECRETARY.]

JULY 9th.—*Diabetes Mellitus*.—Reported by Dr. PERRY.—In a case which occurred in his practice, a year since, Dr. P. tried the iodide of potassium. The patient recovered, and has had no return of the affection. Four months ago, he had a female patient, with the same disease, who passed from four to five quarts of urine, daily; there were great emaciation, thirst, and debility. Examination of the urine by Dr. Shaw, disclosed the existence of *sugar* in the proportion of  $5\frac{1}{2}$  per cent. Under the same treatment used for the above patient, this one, also, gradually improved. A second examination of the urine, two weeks after the first, detected only 4 per cent. of sugar, and this quantity sank at last to 2 per cent. The amount of urine, voided daily, diminished to two quarts. The patient, at this juncture, fell into the hands of an "Indian Doctor," and Dr. P., greatly to his regret, lost sight of her. The progress of the case had been so favorable, that he felt much interested, and had hoped to follow it to a complete cure. From 4 to 6 grains of the iodide of potassium were given, three times a day; a few vegetables, meat, rice, tea, coffee, and porter were allowed.

Dr. Perry said he had heard it stated that Dr. Morrill Wyman, of Cambridge, had cured a child affected with diabetes mellitus, by the administration of the carbonate of soda. Dr. P. added that he had tried this remedy in one of the cases just related, but the urine became more saccharine and copious; on resuming the use of the iodide of potassium, the patient began to improve, and the urine became more normal in character. The menstrual flow, which had at first been irregular, became regular under the treatment stated.

Dr. C. E. WARE mentioned a case under treatment a year since, in which the saccharine condition of the urine subsided after the use of soda.

[The following case of "Cure of Diabetes Mellitus," is translated from the *Gazette des Hôpitaux* for May, 1855. Several instances of the successful use of different medicaments in the above affection having been reported to the Society, in which, moreover, articles of diet were allowed which at one period would certainly have been deemed inadmissible, such as vegetables, porter, &c., it has been thought worth while to append this account. Every thing really remedial is of value in such a malady.—SEC'Y.]

"Doctor ZIFFELHE relates the circumstances of a cure of diabetes mellitus, and which was effected in three months, owing mainly to the singular appetite of the patient for cod-liver oil.

"A journalist, 35 years of age, entered the hospital to be treated for scabies. It was discovered that he had also been affected with diabetes since the previous September;—(date of report, May, 1855.) Two or three spoonfuls of cod-liver oil were at first prescribed for him daily, and he was told to increase the quantity as much as he chose. The patient became so



fond of the oil that he took a *chopine* of it (about one pint) in two days. On the 30th of May, he left the hospital, wholly restored to health; he had regained his flesh; the urine showed no trace of sugar. In all, he had swallowed thirteen litres of the oil."—(More than fourteen quarts.)

The *Gazette Médicale* thus remarks upon this case:—"This rapid cure may possibly be explained by the fact that the diabetes had not been a long time established. Moreover, the patient was a very poor man, accustomed to every privation, and a brandy-drinker; the wholesome regimen upon which he was kept while in the hospital, undoubtedly contributed very decidedly to his cure."

JULY 9th.—*Blighted Ovum*.—Shown by Dr. STORER.—The patient from whom this was expelled was 20 years of age, and was married in August last. About the middle of September she menstruated, after which period she suffered much from nausea, and not being again "unwell," until January, was supposed to be pregnant. In January, there occurred, for two days, a slight menstrual discharge; the abdomen continued, however, to enlarge until February, when it gradually diminished in size. In March, the patient was again "unwell," and her friends supposed that she miscarried. After this, she suffered considerably from constant headache—was more or less constipated, and frequently complained of bearing-down pain. A week or two since, she came to the city to endeavor to regain her health, and while under medical treatment threw off the blighted ovum now exhibited to the Society, and which had been carried since last October.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 15, 1855.

### REGISTRATION OF DISEASES.

It has often been made a subject of complaint that so few medical men keep a record of the cases which come under their treatment. A vast amount of facts which might thus become of incalculable service are daily lost, and even those which from their rarity or interest would seem most likely to be made available to the profession, are often suffered to pass by, without becoming the subjects of recorded observation. This is partly owing to the labor and time required for taking careful notes. The active practitioner finds but little leisure for such occupation, and contents himself with trusting to his memory for those facts which must, in a great measure, serve as a guide to his future practice. We have received a specimen of a plan for the "easy record and preservation of certain important particulars in the cases that occur to every physician in his private practice," arranged by Dr. Wm. Henry Thayer, of Woodstock, Vt., Secretary to the Vermont Medical Society and which is about to be issued under the authority of that Society. The employment of this method is so simple, and requires so little time, that we hope to see its general adoption. It includes the name, age and birthplace of the patient, the name of the disease, its duration previous to the first visit, and the result. A blank is also left for remarks. Although these details are not so comprehensive as could be wished, they include all that could be expected from a majority of practitioners, and will furnish valuable statistical results, particularly in regard to the history of epidemics. Dr. Thayer estimates that fifteen minutes a day would

afford time for such a record of the largest practice, which need not, of course, interfere with the fuller record of any important case in a separate book. The author says, "looking upon the knowledge which must be obtained by such a system of records as is proposed, as certain to prove eventually of value in the great question which we all have much at heart, *the means of preventing disease*, I am very sanguine in the expectation that a large majority of the medical gentlemen in this State will co-operate in the plan proposed, particularly as it is attended with so slight an expense of time and labor."

The price of the book, containing 450 pages, will be, in Woodstock, \$1.50. Those who desire a copy can send their names, with the amount, to Dr. Thayer. We have long felt the want of such an aid in our practice, and cordially recommend it to our professional brethren.

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#### ALLEGED SPECIFIC FOR GONORRHOEA.

WE presume most of our readers have received a circular, calling attention to a new secret remedy for the cure of gonorrhœa, gleet, leucorrhœa, &c., which professes to be specific and infallible. The first part of the advertisement encouraged us to believe that there might really be some truth in the statements set forth. We confess, however, that our expectations were wholly dissipated on reading the concluding paragraph:—"It is not the intention of the undersigned to make of this discovery a Patent to be offered for sale by Apothecaries. He is desirous of confining its use to the members of the medical profession, to whom he will eventually impart it through a proper medium, if sustained by them until he receives that remuneration to which he considers every valuable invention or discovery fairly and justly entitled, notwithstanding Art. 1, Sect. IV., Ch. II., Code of Ethics. To those who wish to use it in their practice, the requisite quantity for any patient will be transmitted by mail on receipt of one dollar, forwarded to the undersigned. Larger quantities will be sent at a liberal discount." The Code of Ethics, to which the advertiser refers, is, we presume, that adopted by the American Medical Association. The violation of this rule, of course, is an invincible obstacle to the progress of the science of medicine, and the statements of one who sets himself so openly in opposition to it, must be received with great suspicion. If the discoverer of an alleged remedy declines telling what it is, there is every reason for supposing that it is good for nothing, and this we presume will be found to be the case with the above "specific." We need not say that we shall always discountenance such unprofessional conduct.

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#### INTERNATIONAL COURTESY.

THE last number of the *Peninsular Journal of Medicine* contains a circular letter addressed to the members of the profession in Canada, inviting them to attend the forth-coming meeting of the American Medical Association, which will be held at Detroit, on the first Tuesday in May, 1856. The circular is issued by the Committee of Arrangements, of which Dr. Z. Pitcher, of Detroit, is Chairman.

The Constitution of the Association provides for the introduction of "members by invitation," who may participate in the proceedings of the Association during the session they are invited to attend. At the last meeting of the Association, held in Philadelphia, it was unanimously resolved, "That the medical profession of the British Provinces be invited to meet with the American Medical Association, at its next sitting in the city of



Detroit, the first Tuesday in May, 1856, under such regulations as the Committee of Arrangements should deem proper."

"As the physicians of the Canadian Provinces would not be entitled to seats as delegates, they are earnestly and affectionately invited," in view of the above resolution, "to come as members by invitation, without limitation as to number, to participate in the proceedings of the Association, and the hospitalities of the citizens of Detroit."

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MASSACHUSETTS MEDICAL COLLEGE.

THE flourishing condition of this institution is doubtless a source of congratulation to its numerous friends. The address, introductory to the present course of lectures, was delivered by Professor Storer on Wednesday, Nov. 7th, to a large audience, among whom we recognized many of our most distinguished physicians. The subject of the lecture was especially introductory to the course over which Professor Storer presides, and was treated in an able and eloquent manner. Pointed allusion was made to some of the abuses which have taken root in our community, to the detriment of its health, and even of its morality. These growing evils were made the occasion for scathing criticism and for well-timed and merited rebuke. The address was received with great applause. We are informed that since the last course of lectures, the college building has been completely renovated; obviously with a large pecuniary outlay; and we are glad to learn also that the present class promises to exceed, in number, that of any of the last few years. It has been mentioned to us that unusual activity prevails under the new facilities offered in the department of practical anatomy. With the present spirited and liberal management, we predict for the college a rapidly-increasing sphere of usefulness.

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*Population Statistics in France.*—From an official document published by the Ministry of Commerce and Agriculture on the Statistics of France, it appears that there are present, for every 100,000 individuals:—105 persons blind, 82 deaf and dumb, 125 insane, 118 goitrous, 125 humpbacked, 25 having lost one or both arms, 32 having lost one or both legs, 62 with club-foot.—*London Lancet.*

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*Communications received.*—On Galvano-Cautery.—Letter from Edward Jarvis, M.D., to the Medical Profession in Massachusetts.—Transactions of the Annual Meeting of the Vermont State Medical Society.—Quinoidine in Intermittent Fever.

*Books received.*—A Treatise on Medical Jurisprudence. By Francis Wharton and Moreton Stillé, M.D., Philadelphia: Ray and Brother. 1855. (From the publishers.)—Pronouncing Medical Lexicon; with Addenda. By C. H. Cleaveland, M.D. Cincinnati: Longley Brothers. 1855.—Transactions of the New Hampshire Medical Society: 1855.

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MARRIED,—At Orange, N. J., on the 4th ult., William Walton Woolsey, M.D., of Dubuque, Iowa, to Fanny, daughter of Israel Sheldon, Esq., of Gaston, Ala.—In Attleboro', Edward Sanford, M.D., to Miss O. Adeline Thompson, daughter of Archibald Thompson, Esq.

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*Deaths in Boston* for the week ending Saturday noon, Nov. 10th, 70. Males, 40—females, 30. Accidents, 3—apoplexy, 1—inflammation of the bowels, 1—cancer in the breast, 1—consumption, 11—convulsions, 1—cholera infantum, 1—croup, 4—dysentery, 1—diarrhoea, 1—dropsy, 1—dropsy in the head, 5—drowned, 1—infantile diseases, 6—erysipelas, 1—typhoid fever, 2—fracture, 1—disease of the heart, 4—inflammation of the lungs, 1—disease of the liver, 1—marasmus, 1—measles, 3—palsy, 1—pleurisy, 3—puerperal, 1—smallpox, 4—suicide, 1—teething, 1—unknown, 1—whooping cough, 4—worms, 2.

Under 5 years, 33—between 5 and 20 years, 4—between 20 and 40 years, 19—between 40 and 60 years, 10—above 60 years, 4. Born in the United States, 46—Ireland, 17—British Provinces, 4—England, 2—Scotland, 1.

*Extraordinary Length of Funis.*—Dr. A. S. ADAMS, of Charlestown, N. H., under date of Nov. 6th, writes us as follows:—"Mrs. L.—, confined Oct. 8th, at the full term of pregnancy, was delivered of a dead male child. The funis was coiled around the neck three times, contained a knot, and was 60 inches in length. The condition of the skin indicated the death of the child previous to the commencement of the labor."

*Urinals and Public Privies in large Cities.*—The Boston Medical and Surgical Journal complains of the impossibility of introducing these useful and convenient affairs in Boston, and says that the owners of property object to their being placed on or near their premises. We suppose something of the same kind would be experienced in trying to introduce them in Philadelphia—nevertheless, we are of opinion that such a thing ought to be done—done for the accommodation of all, but particularly for the use of females. It is a well known fact, that strangers visiting our city suffer very much, and even citizens, when away from home, for want of these conveniences. The urine cannot, while awake, with impunity, be retained generally longer than three or four hours, and when so retained, either endangers the bursting of the bladder—establishing disease in the urinary organs (bladder, ureters or kidneys), or the fluid is re-absorbed into the system, and the body becomes fœtid, and is poisoned by the presence of an excess of urea in the blood. In a village, the necessity of these things is not so great, but in a close and densely-packed city the want is absolute, and should be attended to by the proper authorities at once. "They do these things better in France," is a common remark of writers, and we might well draw from the practices of the French many useful lessons in these matters. Not only Paris, but all the great towns and cities of France, are properly supplied with public urinals, and the people have a more rational and sensible idea of their natural wants in these respects.—*Philadelphia Med. and Surg. Journal.*

*The Beale Case.*—In a notice of this case in the Association Medical Journal, May 11, 1855, the editor remarks:—"The case has excited great attention in America; and since the trial has taken place, the opinion has gained ground, that the verdict of the jury was not justified by the evidence presented. After a careful perusal of the documents, we have come to the same conclusion." Again he remarks, "We think it in the highest degree probable, that she mistook for actual occurrences the heated fancies of her narcotized brain."—*N. O. Medical News and Hospital Gaz.*

*Rupture of the Heart.*—A few prominent cases on record are frequently referred to: thus George II., of Great Britain, and a relative of his, a Duchess of Brunswick, both died of a rupture of the right ventricle; Philip V., of Spain, of a rupture of the aorta, just beyond the ventricle. Dr. Elliotson speaks of having seen a case of rupture of the left ventricle; Dr. Watson of another, and, occasionally, a case is reported in the journals. It is a singular fact, proved by the collections in the various anatomical museums, that when a rupture of the heart does occur, the left ventricle is, in nearly every instance, the seat of the accident.—*Transactions of the Philad. College of Physicians.*

*Foreign.*—Dr. Alison has resigned his situation as Professor of the Practice of Medicine in the University of Edinburgh, in consequence of ill health. The high private as well as professional standing of Prof. A. renders this step a matter of great regret both in the profession, and in the community there. Prof. Bennett, Dr. A. Wood, Dr. A. H. Douglass, and Dr. W. T. Gairdner, of Edinburgh, Dr. Neligan, of Dublin, and Dr. Laycock, of York, have declared themselves candidates for the vacancy, while other names have been mentioned in connection with it. The election rests with the Town Council.—*N. Y. Med. Times.*

*New French Works.*—M. Cloquet is about to publish a monograph on intestinal concretions, with drawings of the various productions contained in his collections. M. Verneuil is preparing a large work on the Anatomy and Pathology of the venous system.—*Ib.*

In New York City, for the week ending Oct. 27th, out of 361 deaths, 41 were from consumption; diarrhœa, 15; dysentery, 13.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## TO THE MEDICAL PROFESSION OF MASSACHUSETTS.

[Communicated for the Boston Medical and Surgical Journal.]

THE Commissioners on Lunacy for 1854-5 having finished the work appointed for them, now desire to acknowledge their obligations to the members of the medical profession and also to several clergymen and public officers in Massachusetts, and to the superintendents of Insane Hospitals in this and other States and in Great Britain, for the full and abundant service which they rendered in gathering the facts required by the Legislature, and the valuable counsel they gave at the request of the Commission.

They were required by the law to ascertain the number and condition of all the insane idiots in the Commonwealth, and also the best method of providing for their restoration or custody.

All the various means that had been previously used to obtain an accurate enumeration of these unfortunate persons had fallen short of completeness, and the Commission determined to try another plan, and avail themselves of your position and knowledge to obtain this information. Considering that the domestic condition of every family was probably known to some medical practitioner, the fields of observation of the several physicians collectively for this purpose would cover the whole State; therefore if the whole body of your profession would consent to give what information they possessed, they would give an account of almost every person of diseased or defective mind in the Commonwealth.

Presuming, then, upon your kindness and interest in the work, the Commission addressed their letters of inquiry to every member of your body, asking each to make answer to fifteen questions which they put forth.

The result showed that they did not set too high an estimate on your intelligence and regard for scientific investigations, nor presume too much on your generous devotion to the claims of humanity, for, with the exception of two who declined to give the information that was asked, and two others who neglected to answer, returns were received, directly or indirectly, from every physician in the State who was in practice and was acquainted with the facts, or was a reliable witness of what he had seen.

Thus the whole body of the profession united in this work, each

making his contribution to the general knowledge of the number and condition of the insane and idiots in Massachusetts.

There was in this co-operative labor more than a bare statement of facts in answer to the request, for there was a great and general interest manifested in the progress and success of the undertaking. Many went out of their way, and at considerable sacrifice of time and convenience, to ascertain all the facts requested. A large portion of the answers not only gave the desired information, but offered to render any further aid that might be wanted.

Many, besides doing their own work, of gathering and reporting the facts within their own fields of observation, lent their influence in aid of the cause beyond their special spheres. They visited and wrote to their brethren in their own and in other towns, to persuade such as could not, on account of the press of professional occupation, conveniently gather, record and return the account of the facts, or such as did not see the propriety or expediency of doing so, and such as, in their manifold employments, had forgotten it.

Especially there were eighteen physicians in the various parts of the State, who were ever ready, at the call of the Commission, to render any service, to visit, ride or write to others within their range of movement or acquaintance, to persuade the unwilling, encourage the faltering and convince the doubtful. One generous co-operator, in the north part of Worcester County, for this purpose went or wrote to the brethren in fourteen towns. Others in other counties did nearly as much.

By means of these and numerous other liberal coadjutors, the whole were persuaded, and all the physicians in the State, but the four above excepted, made the returns of the facts, within their knowledge. And more than this; in their correspondence, and in the personal intercourse with the Commission, there was manifested a kindness and a courtesy, as well as an interest in the purposes of the survey, that was honorable to the intelligence and the cultivation of the medical profession of Massachusetts.

Even the fields which seemed to be the special province of the four gentlemen who did not report, were carefully examined by their neighbors, and thus the whole survey was completed.

By this co-operation of the physicians, the superintendents of insane hospitals, and some of the clergymen, overseers of the poor, selectmen and other gentlemen in the towns, where there were no physicians, an enumeration of the insane and idiots was made in Massachusetts more nearly perfect than has been obtained in any other state or nation.

Probably there has not been known, in the world before, such an instance of the whole body of the medical or any other profession, uniting, with so few exceptions, to contribute each his individual knowledge, or the result of his personal observation and experience, to one common mass, each working singly in his own field, yet all co-operating in harmony for one great and general purpose.

And yet this seems to be the most natural and effective means of



usefulness for a large society or body of men of any profession, associated for, or engaged in, any purpose, spread through different towns and districts, with diverse fields of observation and varied experience. Each may thus contribute his facts, the results of his own inquiries and reflections, and concentrating the whole together into one report, each may then receive back the gathered wisdom of the whole state or nation.

All these returns were received in the autumn and December of 1854. They were then arranged by the Commission in a report, which they were required by the law to make to the Governor and Council. The Legislature, with a due regard to the labors of the physicians and others who aided in this work, and to the value of their contributions, resolved, that "it was creditable to their high intelligence and generous devotion, that only two of those gentlemen, whose testimony was desirable, refused to answer the inquiry, and only two others neglected to do so; and the Commonwealth owes a debt of gratitude to those members of the medical profession, superintendents of hospitals, clergymen and municipal officers, and all others, who so liberally assisted the Commissioners in this important work."

Furthermore, on the recommendation of the Committee of Charitable Institutions, who had this matter under consideration, the Legislature resolved that, "in acknowledgment of these services rendered to the State, and to distribute as far as possible the valuable information contained in the report of the Commissioners, one copy of that document be sent to every one who aided in gathering the facts and forming the opinions therein contained."

Subsequently, the Legislature voted to print another edition of 3500 copies of this report, and also that of the Committee of Charitable Institutions, and to bind as many as would be necessary, and then give a bound copy to every one who had aided in its preparation.

This work of printing and distribution was ordered to be done under the superintendence of the Commission.

As early as possible this second edition was printed and bound, and then a copy was directed to each one to whom the Legislature had ordered them to be given.

These books have, in various manners, been put in the way of reaching their several destinations. The Legislature provided no means of sending them to those who were to receive them, yet the Commission sent them to the central towns or places in the counties, and engaged the gratuitous service of generous friends to send them thence to the other towns by private conveyance.

The books destined for each town are inclosed in a separate package, and the name of each recipient is written on the wrapper.

The packages for the towns of West Stockbridge, Stockbridge, Lee, Tyringham and Otis, and all the towns south of these in Berkshire, were sent to Hon. Increase Sumner, in Great Barrington.

Those for all the towns in Berkshire north of those above named,

were sent to Hon. George S. Willis, Sheriff of the County, in Pittsfield.

Those for all the towns in Franklin County were sent to Dr. James Deane, in Greenfield.

Those for all the towns in Hampshire County were sent to Dr. James Dunlap, in Northampton.

Those for all the towns in Hampden County were sent to Dr. William Bridgman, in Springfield.

Those for the towns of Ashburnham, Fitchburg, Gardner, Leominster, Lunenburg, Royalston, Westminster and Winchendon in Worcester County, and Ashby in Middlesex, were sent to Dr. Thomas S. Bontelle, in Fitchburg.

Those for all the other towns in Worcester County, except Rutland, were sent to Gov. Lincoln, in Worcester.

Those for Ashland, Framingham and Marlboro' were sent to Mr. Silas B. Wilde, in Framingham.

Those for Acton, Bedford, Carlisle, Concord, Lincoln, Sudbury and Wayland, were sent to Dr. Josiah Bartlett, in Concord.

Those for Billerica, Boxboro', Burlington, Chelmsford, Dracut, Dunstable, Groton, Holliston, Hopkinton, Lexington, Lowell, Natick, North Reading, Pepperell, Shirley, Stoneham, Tewksbury, Tyngsboro', Westford and Wilmington, were sent to Mr. Sheriff Keyes, of Concord.

Those for Melrose and South Reading were sent by Dr. Mansfield, of South Reading.

Those for Winchester and Woburn were sent by Dr. Rickard, of Woburn.

Those for Brighton and Newton were sent by Dr. Braman, of Brighton.

Those for Cambridge, Malden, Medford, Sherborn, Waltham and Watertown, were left at the office of the State Printer, 4 Spring Lane, in Boston.

Those for all the other towns in Middlesex were sent directly by the hands of friends.

Those for Andover, Boxford, Bradford, Georgetown, Groveland, Haverhill, Lawrence and Methuen, were sent to Mr. Sheriff Carey, in Lawrence.

Those for Amesbury, Newburyport, Salisbury and West Newbury, were sent to Dr. Josiah Atkinson, of Newburyport.

Those for Beverly, Essex, Gloucester, Hamilton, Ipswich, Manchester, Marblehead, Middleton, Rockport, Rowley, Salem, Topsfield and Wenham, were sent to Dr. George Choate, in Salem.

Those for Lynn, Lynnfield, Saugus and Swampscot, were sent to Dr. James M. Nye, in Lynn.

Those for Boston and Charlestown were sent directly to the recipients.

Those for Bellingham, Franklin and Medway were sent by Dr. Monroe, of Medway.

Those for Braintree and Randolph by Dr. Howe, of Weymouth.



Those for Canton and Medfield were sent by Dr. Taft, of Canton. Those for Foxboro', Sharon and Stoughton by Dr. Bacon, of Sharon.

Those for Weymouth and Cohasset were left at the office, 4 Spring Lane, Boston.

The others for Norfolk County were sent directly to their respective towns.

Those for Attleboro', Berkley, Dighton, Easton, Mansfield, Norton, Raynham, Swansea and Taunton, were sent to Mr. Sheriff Babbitt, of Taunton.

Those for Dartmouth, Fairhaven, New Bedford and Westport, also for Marion and Rochester, and for Nantucket, were sent to Dr. Lyman Bartlett, in New Bedford.

Those for Fall River, Freetown and Somerset, to Dr. Amos C. Wilbur, in Fall River.

Those for Pawtucket, Rehoboth and Seekonk, were sent by Dr. Carpenter, of Pawtucket.

Those for Abington, Hanover, Hanson and North Bridgewater, were sent to Dr. Frederick A. Jewett, in Abington.

Those for Carver, Duxbury, Kingston and Plymouth, were sent to Dr. Timothy Gordon, in Plymouth.

Those for Bridgewater, Lakeville, Middleboro' and Wareham, to Levi L. Goodspeed, Esq., Superintendent of the State Almshouse, in Bridgewater.

Those for Halifax, Marshfield, Pembroke, Plympton, Scituate, South Scituate and West Bridgewater, were sent to Mr. Sheriff Phillips, in Marshfield.

Those for Hingham and Hull were left at the office, 4 Spring Lane, Boston.

Those for Barnstable, Dennis, Falmouth, Harwich, Sandwich and Yarmouth, were sent to Sylvanus B. Phinney, Esq., of Barnstable.

Those for the rest of Barnstable County were sent directly to the several towns.

Those for Chilmark, Edgartown and Tisbury were sent to Dr. R. S. Jones, of Holmes's Hole.

The packages and reports for all the other towns not herein specified, were sent by the hands of friends directly to their respective places of destination.

Most of these packages have already been distributed from these central places to the towns by the aid of friends, and have probably reached the persons for whom they are intended.

The names of all the recipients in each town being written on the wrapper of the package, it has been, or will be, sent to either, as opportunity may offer, with the request that, whoever shall receive it, will distribute the books to the several individuals to whom they are directed.

If any individual who is entitled to a report has not received one, he is requested to send to the towns or persons herein mentioned

for it. If, however, the packages have been sent, the books will be found in the hands of some one who may have the whole.

Thus every means in the power of those who were intrusted with this matter have been used to carry out the intentions of the Legislature, and get the report into the hands of all who had previously served the State by aiding in its preparation, and they trust that every one has received, or will soon receive, his book.

And now the Commission would again express their gratitude to the members of the medical profession and others, whose assistance here and elsewhere was asked, not only for their almost universal co-operation in the undertaking, but for the general courtesy and kindness with which they answered the request; for, without their help, this work could not have been accomplished, and the manner in which that help was rendered, made the work easy and agreeable, that otherwise would have been difficult and burdensome.

EDWARD JARVIS, for the Commission on Lunacy.

*Dorchester, 8th November, 1855.*

#### ON CAUTERIZATION BY GALVANISM.

(Read before the Boston Society for Medical Observation, November 5th, 1855, by Dr. ALGERNON COOLIDGE, and communicated for the Boston Medical and Surgical Journal.)

WITHIN the last twenty years a new method of applying electricity to medical purposes has been tried, and promises to become of greater practical utility than any other. This is the method of employing a wire, heated by galvanism to a red or white heat, instead of the knife, for some operations, and always instead of the old means of applying the actual cautery.

The first mention we have been able to find of this cauterization by galvanism, is in a passage of Becquerel's "Treatise on Electricity."\* He says, "Dr. Fabré Palaprat has found in electricity a very simple way of applying instantaneously a moxa to the deepest seated parts of the body, without producing any appreciable lesion except at the point where it is applied. For this purpose a platinum needle is introduced into the affected part, and is put in communication with one of the poles of a voltaic pile, composed of elements with large surfaces, capable of producing powerful thermo-electrical effects; while the other pole, by means of a metallic plate, is in contact with a neighboring part of the body. The needle immediately becomes incandescent and burns the adjacent tissues, producing a strong pain but of short duration. Some days after, inflammation similar to that produced by a moxa sets in, and is followed by a scar which separates in the form of a quill." There is some mistake in this statement of Becquerel. The means he gives, as used by Fabré Palaprat, cannot produce the desired effect.

We must date, therefore, the first practical use of cautery by galvanism no further back than 1843.

\* *Traité de l'Electricité.* Paris. 1836. V. 4, p. 306.



Heider, in Vienna, acting upon a suggestion made to him two years previously, by Prof. Steinheil, of Munich, employed the galvanic cautery for the destruction of the dental pulp.

In 1844, fourteen months after the experiments of Heider, Louyet, in the *Archives de la Médecine Belge*, recommends the same method for the same purpose. He suggests combining the killing of the nerve and the filling of the tooth, by means of a melted globule of metal dropped into it.

In 1848 Gustavus Crusell, a Russian, published a communication on cautery by galvanism. He seems to have been the first to suspect what might be done by this method. He recommends it in anchyloblepharon and symblepharon, also for the extirpation of tumors. He made use of wire and of platinum foil for cutting, and of the latter for cauterizing a surface. In 1846, two years previously, a paper of his on "Galvanic Cautery" had been read before the Academy of St. Petersburg. In 1847 he operated upon a vascular tumor covering a great part of the forehead and region of the eye. He also opened the meatus urinarius, which in consequence of a chancre had become nearly closed. The first operation was performed by moving "to and fro" a platinum wire connected with a battery, and heated in the middle to a white heat, sawing the tumor off, as it were.

Sedillot, in his treatise on operative surgery (1853), refers to the publication in 1849, of the perfect cure of an erectile tumor by the use of the galvanic cautery, and says that MM. Nélaton and Maisonneuve have also employed it.

In 1851 John Marshall, of London, published an article "On the Employment of the Heat of Electricity in Practical Surgery," in the *Medico-Chirurgical Transactions*. He refers there to a case which is reported in the *Lancet* of May of the same year. A young man, 20 years of age, of a strumous habit of body, had a fistulous opening in the right cheek from a succession of abscesses. He had been under a variety of treatment for several months, without success. A fine platinum wire was passed through the fistula, so that its ends could be connected with a battery. The electric current was kept up for nine seconds. But little pain was felt. Sloughs appeared on both orifices of the fistula; that on the inner surface came away on the fifth day, that on the outer one on the sixth. The inner opening was closed on the eighth day, the outer on the eleventh. A small sinus was discovered some days afterwards on the inner surface of the cheek, and was cured within a fortnight by a repetition of the operation. The author mentions having used it with equal success in rectal fistula, and in external and internal hemorrhoids. He anticipates that in some cases this way of operating will be found advantageous as compared with the knife, scissors or ligature.

The *Lancet* of the same year contains the experiments of MM. Harding and Waite, both dentists. Harding owes his attempts to the perusal of Mr. Marshall's case.

In the *Gazette des Hopitaux*, 1852, Mr. Nélaton mentions having used this cautery in different cases, with perfect success.

Mr. A. Amussat (in the *Comptes rendues de l'Académie des Sciences* for July, 1853) has used this method of cauterization in ulcers of the neck of the uterus, the extirpation of tumors, &c.

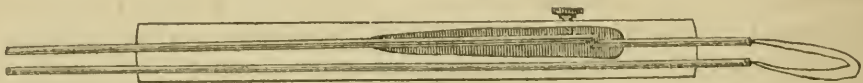
Ellis (*Lancet*, 1853) cauterizes likewise the neck of the uterus; he recommends it in prolapsus of the uterus, and of the vagina.

By far the most important work on galvanic cautery that has yet appeared, is the one of Prof. Middeldorpf, of Breslau in Prussia.\* If not the first to have used it, it is to him we are indebted for our present advance in it. He has certainly made this way of operating easy and practical. It was the perusal of Harding's method of destroying the dental pulp, that first caused him to devote his attention to the subject. The battery he prefers is a large Grove's battery, composed of four cells. The zinc cylinders are six inches long and four broad, each having about seventy-eight square inches of surface; the interior surface being alone reckoned. The positive element is composed of three pieces of platinum foil, each of which being nearly four inches long and three in breadth, the surface presented by it is over sixty square inches; so that the battery can be said to present two hundred and fifty square inches of surface of platinum, and two hundred and ten of surface of zinc. By a very ingenious arrangement of the rods connecting the several elements, he can have a strong or weaker current at pleasure.

The instruments Professor Middeldorpf uses are simple in construction and very easy to handle.

The first (the knife) is composed of two metallic tubes or rods running parallel through a wooden handle, and connected at one extremity by a platinum wire, of different shape for different operations, while the other extremities connect with the poles of a battery. One of the rods being divided obliquely within the handle, the circuit is broken. (Fig. 1.) By pressure on a button connect-

FIG. 1.



ed with one end of the divided rod, the ends are brought in contact and the circuit closed. The wire becomes immediately heated to a red or white heat, according to its size, and divides the tissues as easily as a knife. The wire is always of platinum, this metal requiring a very strong heat to melt it.

By means of this instrument, fissures and cavities can be burnt, abscesses opened, tumors removed, fistulas laid open, &c. The only difficulty consists in heating the wire to the appropriate temperature. If too hot, it acts too easily, and does not prevent hemorrhage; if not hot enough, it adheres to the tissues and causes,

\* Die Galvanocaustik, ein Beitrag zur Operativen Medicin. Von Dr. A. T. Middeldorpf. Breslau. 1854.



likewise, hemorrhage on being detached. Pain during the operation is generally pretty severe ; after it, comparatively very slight.

Heider's instrument was on this plan ; also Harding and Waite's. The latter used a lever instead of a button. Professor Middeldorpf now prefers a wedge, capable of being pushed forward to close the circuit, and backwards to break it ; in this manner the continual pressure on the button is dispensed with.

The principle of the second instrument is the same as that of one just described. The difference consists in having a piece of platinum foil bent like an arch instead of the wire. This is useful for burning large surfaces, as in the vagina, rectum or pharynx (where the heated metal serves as a lamp to work by).

Ellis (Lancet, 1851) invented a very practical instrument for cauterizing the neck of the uterus. At the end of the rods is a small porcelain crucible, heated by the wire that winds around it. (Fig. 2.)

FIG. II.

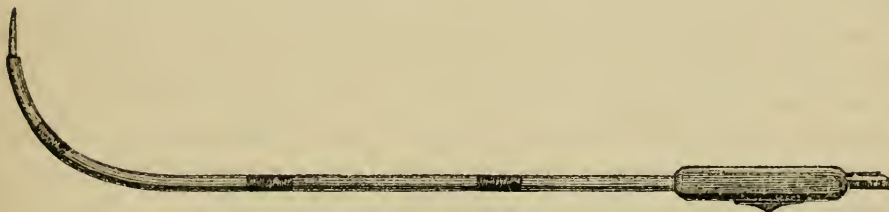


FIG. III.



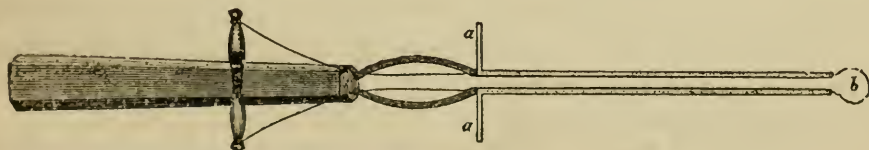
The instrument for cauterizing the lachrymal sac is bent at a right angle, and the wire is movable. (Fig. 3.) For operating upon strictures the instrument is either straight or has the curve of the male catheter (Fig. 4.), and can be enclosed in an elastic bougie to prevent any danger of burning the mucous membrane of the urethra.

FIG. IV.



The principal instrument, however, that Professor Middeldorpf makes use of, is the platinum loop. (Fig 5.) Two tubes, running parallel one to the other, are supported by a wooden handle ; their

FIG. V.



ends (*a a*) connecting with the battery, are bent. They enclose a wire forming a loop (*b*) at the other extremities, and issuing from the tubes through an opening at the point of curvature. The loop is capable of being tightened to any desirable extent by drawing the free ends of the wire. For greater solidity the tubes are separated by a piece of ivory or other non-conducting substance, to which they are attached ; and the wire can be wound round an axle,

made for that purpose, by which way an uniform tightening of the loop can be obtained.

He performed his first operation on the 30th of March, 1853; the removal of a fibrous polypus in the posterior nares. No hemorrhage occurred. The following May he removed a laryngeal polypus, and has since then performed over sixty different operations, among which can be mentioned the cauterization of fistulæ, the destruction of a large erectile tumor, the perforation of a callous stricture of the urethra, and the removal of uterine and nasal polypi. A summary of the principal cases will not be without interest.

I.—*Neuralgia*. An old woman, 75 years of age, was suffering from neuralgia, having its starting point in one of five or six hemorrhoids situated around the anus; the pain, especially during defecation, was intense, and had caused the patient great suffering for months. In the operation the hemorrhoid was first compressed by the heated wire, which was afterwards carried around its base. Some drops of blood appeared; the pain was slight and of short duration. Opium was given to prevent a stool. The next day the neuralgic pain had disappeared, and the wound smarted but little. After five days the opium was discontinued. The first stool, produced by an injection, was very painful. After sixteen days the patient was discharged well. The hemorrhoid had disappeared, and the neuralgia never returned.

II.—*Fistula*. A workman, 44 years old, was admitted into the hospital suffering from a fistula near the right trochanter. Its direction was from behind forward; its length about three inches. The patient had been previously treated without success, by pressure, by injection of nitrate of silver, of tincture of iodine, by artificial formation of a second opening, and the introduction of a seton. The operation consisted in introducing a double platinum wire, the extremity of which was pushed through an artificial opening. The galvanic current was then passed through the wire. The operation lasted a minute; the pain was slight. After the withdrawal of the wire, a cord could be felt under the skin about the size of the little finger. The next day the openings being closed, the crusts were removed and a teaspoonful of matter escaped. Injection with lukewarm water; no dressing. On the fourth day the openings were pretty clear and surrounded with healthy granulations. Secretion and swelling moderate. The artificial opening healed on the twenty-sixth day, the posterior one on the fourteenth. Soon after, the patient was discharged well.

III.—*Fistula in Ano*. A man, 48 years of age, was suffering from an abscess near the sphincter ani, giving rise to a fistula, an inch and a half in length and running parallel to the rectum. No internal opening could be found, and after an unsuccessful treatment by enlargement and the use of tents, the galvanic cautery was tried. An artificial opening was made into the rectum; a platinum wire passed through the fistula, and coming out of the anus formed a loop, which by its appropriate instrument having been put in con-



nection with a battery, the whole part was divided, as in the common operation. No hemorrhage; slight pain. After two days, healthy granulations appeared, and at the end of a month the patient was discharged well.

IV.—*Erectile Tumor.* A boy, 3 months and 8 days old, had an erectile tumor situated on the left side of the face. It reached from the zygomatic arch to the mastoid process, about two and a half inches in breadth, and from the meatus auditorius to three quarters of an inch below the inferior maxilla. The tumor is raised about one inch and a half above the surface of the face. It is yielding, fluctuating, warm, without pain, and does not pulsate; swells out during inspiration and during crying; it can be compressed and emptied like a sponge, then two small arteries are felt beating. The child is healthy and strong.

Three unsuccessful attempts were made to obliterate it by galvano-puncture. Two needles were passed into the tumor and put into communication with the positive pole of a battery. The moist skin of the tumor was touched with the negative pole. No coagulation took place, though the operation lasted fifteen minutes. The needles, on being withdrawn, were still bright. The small openings they had made were hardly cauterized. No reaction followed. Two weeks afterwards the operation was repeated. The two needles were placed at right angles, and alternately touched with the positive pole of the battery for half or three quarters of a minute. The negative pole was in contact with the skin. After fifteen minutes the needles were withdrawn; this caused some drops of blood to appear. The needles seemed, as it were, baked to the parts that surrounded them, and some force was necessary to draw them out. The tumor was a little contracted, and had become reddish. Two hardened ridges could be felt in it. No reaction occurred. Some days afterwards the tumor had again become soft and yielding. The diameters were about the same as when first measured, but it had become more prominent. Galvano-puncture was used the third time. Five needles were passed into the tumor. The operation lasted twenty minutes. After the withdrawal of the needles, the whole surface was covered with collodion. The tumor, which had become contracted during the operation, became now still smaller; its red color disappeared. For some days it remained in this state, but for a short time only. A fortnight after the operation, it was found to be larger than it had ever been before. Injections were considered unsafe in this case, and as a last resort the ligature of the carotid was proposed. This was postponed, and after six months it was resolved to try the effect of the galvanic cautery; though with little hope of succeeding. The platinum wires were passed into the tumors, crossing each other at right angles. They were allowed to remain incandescent for ten or fifteen seconds. They were then withdrawn, not without difficulty, and on account of their adherence to the cauterized tissues some hemorrhage occurred.

The tumor gradually collapsed, pulsation ceased in it, it no longer

swelled during the crying of the child; and at the end of four weeks it was no larger than a walnut. A portion beneath the jaw, which had escaped cauterization, enlarged, but after an operation similar to the first, it diminished in a remarkable manner, and never again regained its former size.

Entropion, trichiasis and distichiasis have also been successfully treated by the same remedy.

V.—*Callous Stricture of the Urethra*. A patient, 50 years of age, in consequence of frequent attacks of gonorrhœa, was suffering from a callous stricture of the urethra, of about one quarter of an inch in length, and which would only admit a bougie of one fifteenth of an inch in diameter. The urine dribbled away, drop by drop. The patient was put under the influence of chloroform. An instrument, having the curve of the male catheter, was passed up the urethra and pressed against the stricture. The connection between the instrument and the battery being formed, in ten or fifteen seconds the stricture was perforated. Four weeks after the operation the patient was discharged well. Nine months afterwards, a zinc catheter, about four lines in diameter, could be passed with perfect ease.

VI.—*Polypus of the Larynx*. A minister, 42 years old, was suffering from a polypus of the larynx, situated above the right vocal chord. The respiration was loud. It was with great difficulty the patient could speak in an audible tone. Swallowing solid food was extremely difficult. The cervical glands were swollen. On opening the mouth the free end of the tumor could just be seen behind the epiglottis. The operation consisted in seizing the polypus with a pair of forceps and throwing the loop of wire over it. By tightening the loop it slipped towards the pedicle. The galvanic cauterizer was passed through the wire, and the polypus drawn out by the forceps. After four days the patient left his bed, and on the fifth his room. Five weeks after the operation he had resumed his duties. One year and a half afterwards an examination proved that up to that time the cure had been permanent.

VII.—*Polypus Uteri*. A woman, suffering from polypus uteri, which had been mistaken by some nurses for a prolapsus and treated accordingly, was seized during the night with diarrhœa. The next morning a pediculated tumor, of the size of a child's head, was detected just within the orifice of the vagina. Five days afterwards, fever having set in, the state of the patient became such that the worse prognosis was formed. When the operation for removing the polypus was resorted to, she had been for several days lying in bed, pale and emaciated; she was exhausted and perspiring profusely. Between the thighs could be seen a round and elastic tumor, of a pale-red color; three quarters of which were outside of the vulva and covered with mucus. The loop of wire was passed over the tumor; on tightening it, it slipped upwards towards the fundus of the uterus; the connection with the battery being formed, the tumor was removed. No hemorrhage occurred.



The cut pedicle was about the size of a quarter of a dollar. The polypus weighed one pound and nine ounces. The patient left her bed four weeks after the operation. This was owing to the state of exhaustion she was in; for in another case of removal of uterine polypus, the patient was discharged well four days after the operation.

VIII.—The last operation we wish to mention is the removal of a fibrous tumor, growing from the posterior part of the pharynx at the base of the skull. The patient, a young man of 20, had already undergone an operation for its removal. This operation consisted in opening the nose on the right side, and cutting the tumor off with scissors. Great hemorrhage had occurred, amounting to the loss of over three pounds of blood. Six weeks afterwards the polypus returned. It was situated in the right cavity of the nose, and forced the septum very much to the left. It could also be felt by the mouth behind the palate. The right eye was slightly pushed forward. A sound could be passed to the left and to the right of the tumor into the pharynx.

Four different and unsuccessful attempts were made to surround the pedicle with the loop. During the second attempt, a part of the tumor was cut off. Notwithstanding its great vascularity, no hemorrhage occurred; no pain was felt. At the fifth attempt the loop was passed around the tumor, and it was successfully removed. It was found to weigh one ounce and one drachm. No bleeding followed; the pain was very slight, the patient complaining only of a sense of warmth in the neck and nose. The remaining root of the polypus was extirpated with scissors, not without great hemorrhage. The patient recovered slowly.

In another case a similar tumor, weighing three ounces, was removed by means of the platinum loop without the slightest hemorrhage. The patient, a boy 11 years old, was discharged after fifteen days.

For the removal of internal and external hemorrhoids, Middeldorpf's loop has proved very successful.

It is difficult to say how large an artery may be cut in this way without producing hemorrhage. We think, after the experiments we have seen and made, that any artery the size of a common quill can be cut with perfect safety; and perhaps much larger. The principal difficulty is in regulating the heat of the wire and the quickness of the hand. The wire can be too hot or too cool; in the first place it divides the tissues without singeing them, and does not prevent hemorrhage; in the second place, it adheres to the tissues which are lacerated when it is removed, equally producing bleeding. If the wire is moved too rapidly, it does not singe; if too slowly, it carbonizes the parts instead of contracting them. In both cases, hemorrhage occurs.

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An extract from the work of Professor Middeldorpf has just appeared in the *Archives Générales de Médecine*, Aout, 1855.

### Bibliographical Notices.

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*A Dictionary of Terms used in Medicine and the Collateral Sciences.* By RICHARD D. HOBLYN, A.M., Oxon. New American, from the last London Edition. Revised, with numerous additions: By ISAAC HAYS, M.D., Editor of the American Journal of the Medical Sciences. Pp. 522. Blanchard & Lea. 1855.

THIS work has passed through six editions in London, which fact alone is sufficient evidence of its excellence and thorough adaptation to the wants both of students and practitioners. If the frequency with which we have referred to this volume since its reception from the publishers, two or three weeks ago, be any criterion for the future, the binding will soon have to be renewed, even with careful handling!

It is true that most medical terms soon get to be "household words" with the physician, but occasions almost daily arise when he will wish to refresh his memory by turning to some such compendious, though ample, repertory of professional terms; and, to an Editor of a Medical Journal, such a work is indispensable.

Unlike too many whose names figure, editorially, upon the *title-pages* of the works of others, we find that Dr. Hays has done the profession great service by his careful and industrious labors. The Dictionary has thus become eminently suited to our medical brethren in this country. As the Editor tells us in his Preface, "more than one hundred pages have been added" to the volume, and "the size of the page has been materially enlarged." The additions by Dr. Hays are in brackets, and we believe there is not a single page but bears these insignia; in every instance which we have thus far noticed, the additions are really needed and exceedingly valuable.

We heartily commend the work to all who wish to be *au courant* in medical terminology. For sale in Boston by Ticknor & Co.

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*New Means for making Extension and Counter-Extension in Fractures of the Leg and Thigh.* By JOHN NEILL, M.D., Professor of Surgery in the Pennsylvania College, &c. Philadelphia.

WE have received a pamphlet of a half dozen pages, containing suggestions by Dr. Neill for the effecting of more direct extension and counter-extension in fractures of the lower limbs. The plan offered commends itself very greatly to us for the common-sense views upon which it is based, and for the very simple manner in which these are put into practice. It is urged that the extension and counter-extension should be as much in a line with the limb as possible. To attain this the splints are made much longer than usual, and thus the counter-extending band can be carried up much higher, and of course much more in parallelism with the axis of the limb than is effected by a short splint. In fractures of the thigh, it is also suggested that both extending and counter-extending bands can be carried over their respective ends of the splint, joined together, and then readily tightened at will by twisting them with a stick introduced at right angles—very simple, and admirably contrived for equalizing the strain on the bands.

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*The Case of Luigi Buranelli Medico-Legally Considered.* By FORBES WINSLOW, M.D., D.C.L., late President of the Medical Society of London, &c. London: John Churchill. 1855. 8vo. pp. 69.

THIS pamphlet, if it could be readily obtained here, would be read with



strong interest at the present time, when a case, almost the counterpart of that which forms its subject, is under the consideration of the Executive. An Italian, resident in London, committed a homicide, having exhibited symptoms strongly indicating, in the minds of many eminent medical men, that he was insane before, and at the time of the commission of the act. The evidence at the trial of the prisoner was chiefly medical, and was of the most interesting character, the witnesses being among the most celebrated experts on the subject of mental derangement. A verdict of guilty was rendered by the jury, and notwithstanding the strongest efforts made to obtain a temporary suspension of the sentence (including a memorial to the Secretary of State, signed by Dr. Conolly, Dr. Baly, Dr. Forbes Winslow, Mr. Alexander Shaw and Mr. Mitchell Henry), the execution went into effect. Dr. Winslow's pamphlet is an earnest and able protest against the injustice of the execution, founded on a searching analysis of the case and of the evidence on the trial, and concluding with some medico-legal observations, which, coming from one of the highest authorities in England on this subject, are replete with value and interest. Without pretending to offer an opinion on the merits of the case now awaiting the decision of the Governor of this State, we rejoice that our community is spared the shocking spectacle of a fellow-being hurried into eternity without a careful consideration of the case, in spite of the protests of those best able to judge of his mental condition at the time he committed the deed for which he was condemned.

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*A Disquisition on the Ancient History of Medicine, Comprising Critical Notices of the Origin of Medical Science, &c.* By THOMAS L. WRIGHT, M.D. Cincinnati: H. W. Derby. 1855. 12mo. pp. 84.

THE first paragraph of the preface to this pamphlet conveyed an unfavorable impression of the work to our mind, which the first chapter did not remove. The author is intemperate in his expressions, and bitter in his feelings towards those who do not think, as he does, that there is much to admire in the wisdom and knowledge of the ancients. While he is undoubtedly right in his conclusions, we could wish he had employed a style more in accordance with established usage, in discussions of this nature. Our prejudices against the author, however, were greatly diminished, as we read further. His account of the state of ancient medicine is highly interesting, and the book is a valuable one to all who would like to learn, without the trouble of reading a more elaborate treatise, something of the condition of our science from the earliest ages down to the time of Hippocrates. We hope Dr. Wright will be encouraged to continue his labors, and favor us with an account "of the condition and influence of medicine in more modern times; containing remarks upon the character, acquirements and powers of such men as Hippocrates and Aristotle—upon the state of medicine in the Macedonian empire, and among the successors of Alexander—and upon its introduction into Rome, and its condition there, till the times of Galen and Celsus." We are sure that such a continuation (if free from useless efforts to prove what only fools deny), would be favorably received both by the profession and by the public.

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*Transactions of the Belmont (Ohio) Medical Society for 1854-5.* Bridgeport, O.: J. G. Affleck. 1855. 12mo. pp. 172.

THIS small volume contains several papers of interest, and evinces the zeal of its members in supporting its organization with much credit. We

notice some cases reported by Ephraim Garton, M.D., of Morristown, O., of the treatment of acute rheumatism by the local application of urate of ammonia, made by mixing clay with urine, and applying it as a poultice. The treatment seems to have been followed by alleviation of the symptoms.

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*Introductory Address delivered at the College of Physicians and Surgeons, New York, Oct. 16th, 1855.* By JNO. C. DALTON, JR., M.D., Professor of Physiology and Microscopic Anatomy. New York: John J. Schroeder. 1855.

WE have read with unusual pleasure this interesting address. It sets forth, in the clear and vigorous style characteristic of the author, the mutual dependencies of the chief departments of medical science, chemistry, anatomy, physiology, pathology, materia medica and therapeutics. We recommend it to the student, the practitioner and the non-professional reader.

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*The Physician's Visiting List, Diary, and Book of Engagements for 1856.* Philadelphia: Lindsay & Blakiston.

THIS indispensable companion to the practising physician, for which the profession is indebted to Mr. John Smith, 49 Long Acre, London, is so commonly used that any encomiums upon it from us are superfluous. The American reprint is neatly executed, and will doubtless have a most extensive sale. It may be had in Boston of Ticknor & Fields.

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*Synopsis of the Course of Lectures on Materia Medica and Pharmacy, delivered in the University of Pennsylvania.* By JOSEPH CARSON, M.D. Second edition, revised. Philadelphia: Blanchard & Lea. 1855. Svo. Pp. 196.

THIS work is intended solely for the use of the students attending the lectures at the University of Pennsylvania, and to all such we cordially recommend it, as a most useful aid in retaining and classifying the knowledge imparted by the professor. "To the character of an independent treatise the work presents no claim; in fact, a large proportion of it requires the explanations given in the lecture room." It is a well-printed and handsome volume. For sale in Boston by Ticknor & Fields.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 22, 1855.

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M. VALLEIX.

THE recent death of the distinguished Dr. Valleix, who died on the 12th of July last, in the midst of a career of usefulness and success, is an event which has caused a deep sensation in Paris, where he was not only appreciated as a man of eminent talents, but esteemed by all who knew him for his amiable character and agreeable manners. Born in Toulouse in 1807, he commenced the study of medicine in Paris, in 1830, and received his diploma in 1835. He formed an early attachment to M. Louis, and became, during his whole life, a most ardent follower of the "numerical system," his attachment to which was only equalled by that which he bore to his revered master.



While *interne* of the hospitals, Valleix became an inmate of the Foundling Hospital, where his attention was first directed towards the study of the diseases of infancy. The results of his observations in this department, besides a very large number of detached papers published in various journals, consist chiefly of the *Clinique des maladies des Enfants nouveau-nés*, an octavo volume of 700 pages; and the *Recherches sur la Fréquence du poulx chez les Enfants nouveau-nés, &c.*, in the Memoirs of the Society of Observation. In 1838, M. Valleix began to investigate the difficult subject of neuralgia, and in 1841 published his well-known work, the *Traité des Névralgies, ou Affections Douloureuses des Nerfs*, an octavo of 720 pages, which received a prize of 3000 francs from the Academy of Medicine. In 1844 his essay on *Œdema of the Glottis* received a prize of 1500 francs, from the same learned body. Shortly after, appeared the first volume of the *Guide du Médecin Praticien*, a work in ten volumes, which was not completed until 1848. The success of this work is shown by the fact that a second edition was published in 1851, and a third in 1853. In 1851 he promulgated in his clinical lectures at La Pitié, the results of his observations on certain diseases of the uterus, especially its displacement, and their treatment by means of a modification of Simpson's intra-uterine sound. His views met with much opposition, and became the subject of one of the most interesting discussions which ever took place in the *Académie de Médecine*. M. Valleix was occupied, shortly before his death, in collecting new observations on this subject, in view of deciding several questions which arose in the course of the debate. He was actually engaged at the time of his fatal illness in preparing a paper on the co-existence of bronchitis with emphysema and diseases of the heart; and also another on the results obtained by percussion in pleurisy. His various contributions to the journals, including original memoirs, critical reviews, analyses of books and controversial articles, would fill several large volumes.

The editor of the *Archives Générales de Médecine*, in a notice of M. Valleix, from which we have derived the above facts, thus concludes:—"M. Valleix was in truth one of the most intelligent disciples of M. Louis. He made the best use of the doctrines of this celebrated master, when the latter, overwhelmed by practice, could no longer sustain them by his own investigations. By his labors and his criticisms he showed how ill founded was the opposition made to them. Without falling into those exaggerations which may compromise the best cause, he boldly supported the principles of that philosophy on which alone the progress of medicine depends, and clearly distinguished what are often confounded, the slow and painful growth of medical science, and its practical requirements, so frequently destitute of scientific aid. In a word, M. Valleix was the successor of M. Louis, a relation which constituted his principal task, and which will be his chief glory."

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#### BRISTOL (MASS.) SOUTH DISTRICT MEDICAL SOCIETY.

MESSRS. EDITORS,—Being in New Bedford on Wednesday, 14th inst., I was politely invited to attend the semi-annual meeting of the "Bristol South District Medical Society," then holden in the City Hall. A goodly number of the members were present, and activity, with great harmony, prevailed. After the ordinary business was over, a very interesting and remarkably well written paper, on some of the causes of the prevalent or so-called "fashionable" diseases of females, was read by one of the members, Dr. Comstock, of Middleborough. His positions appeared to be

just and reasonable—founded on accurate observation and good common sense. Among other things he instanced the present manner of suspending so great an amount of clothing, tightly girt, from the hips; and defended the superiority of the old-fashioned stays—an opinion in which most unprejudiced observers will probably agree. He further seemed to think that much more was to be gained by a discriminating general treatment than by local applications. And from subsequent remarks from other members it might be inferred that the *specialty* was not in very good repute in Bristol South. The Society may be congratulated in having the subject so judiciously discoursed upon.

After Dr. Comstock's paper, an extempore discussion arose on a question incidentally started by one of the members, in which most of those present took part. The discussion was animated, gentlemanly, and dignified. Our fraternity are too apt to discuss the expediency of giving more or stronger medicines, but in this case, the *safety of omitting* a certain drug in the disease in question, was debated—a novel but very gratifying innovation.

The relation of several cases followed. At half past one o'clock, the Society adjourned to the Parker House, to the dinner given by the physicians of New Bedford.

The Bristol Society have every reason to be satisfied with the meeting on Wednesday; and for their hospitalities on that occasion they have the grateful acknowledgments of at least one from  
NORFOLK.

#### CLIMATE OF ST. AUGUSTINE, FLORIDA.

WE have received a circular published semi-annually by Dr. Mauran, of St. Augustine, Meteorologist to the Smithsonian Institute for the State of Florida, containing statistical tables of the range of the thermometer, the prevailing winds and the state of the weather for a period included between January 13th and July 1st, 1855, and conveying a highly favorable impression of the mildness of that climate during the winter months, and its adaptation to invalids suffering from pulmonary complaints. The observations were taken daily, at 8 A.M., 2 P.M., and 10 P.M. The lowest temperature in January was 30 degrees (on the morning of the 27th), the highest, 76 degrees (on the afternoon of the 21st). In February, the thermometer ranged, at 8 A.M., between 30 and 62; at 2 P.M., between 45 and 76; at 10 P.M., between 39 and 70. In March, the range at 8 A.M., was from 37 to 71; at 2 P.M., 45 to 85; at 10 P.M., from 39 to 80. The prevailing warm winds are from the eastern quarter, the temperature of the air being raised by the Gulf Stream, which sweeps along the coast but a few miles from the city. The highest temperature during the six months was on May 23d, when the thermometer stood in the afternoon at 98 deg. The hottest weather in June, was on the 21st and 23d, when the mercury was at 86 deg. We publish these facts for the benefit of those who are compelled to resort to a more genial climate than their own during the winter and spring months, believing that they will find the city of St. Augustine a comfortable and agreeable place of refuge.

#### FORMULA FOR THE TREATMENT OF GONORRHŒA.

WE copy from the *Union Médicale* of Aug. 28th, the following formula of an electuary employed for many years by M. Beyran, in the treatment of gonorrhœa:—Take of copaiva,  $\mathfrak{z}$  iss.; calcined magnesia,  $\mathfrak{z}$ i.; alum (levigated), gr. xv.; catechu (levigated),  $\mathfrak{z}$  iss.; cubebs,  $\mathfrak{z}$  ix.; opium, gr. xv.; essence peppermint, do. canella, aa gtt. xl. M. Make an electuary.



M. Beyran administers this electuary in sub-acute gonorrhœa, at the commencement of the discharge, and before the inflammation has extended throughout the urethra. Gleet, when unaccompanied by stricture, may also be treated by this preparation. The dose is a teaspoonful in the morning, another an hour before dinner, and a third at bed time. It is best taken by wrapping it in a moistened wafer. When the discharge is arrested, the dose is to be gradually diminished until the medicine is stopped. The mode of administering bulky or nauseous powders, electuaries, &c., in wafers made of unleavened bread (*pain azime*, or *chanté*), which is so commonly employed by the French, deserves to be more known among us. The medicine being wrapped in the moistened wafer, can be easily swallowed, like an oyster, without the patient perceiving the taste. We have found this method very convenient where large doses of cubebs are to be taken. The wafers may be had of some of our principal apothecaries.

#### ON THE VARIATIONS OF MOTHERS' AND NURSES' MILK.

THE water is increased by improper food, bad digestion, and in a peculiar manner in so-called strong constitutions. The child falls off, becomes anæmic, and its nightly cries indicate an unsatisfied call for nutrition. With this condition there is much urine and scanty stools. The water is diminished by recurring pregnancy, during menstruation, by intervening illness, especially by acute colitis and chronic enteritis. A diminution of solid food, and increased imbibition of water, are recommended; and if pregnancy recur, weaning.

The solid elements are increased under the conditions just named, as in colitis. The milk becomes too nutritive and difficult of digestion. There is a diminution of the solid elements when nourishment is bad, in advanced age, typhus, and in chronic tuberculosis without diarrhœa.

Casein appears increased in much-developed breasts, menstruation, acute disease, and mental disturbance. The child soon suffers from constipation, aphthæ, and lastly, marasmus. The casein is diminished when nourishment is bad, in robust constitutions, chronic diseases, typhus.

The butter is increased in much-developed breasts, pregnancy, acute, and still more in chronic disease. In this case, also, the nutrition of the child is gradually impaired. The woman should take free exercise in the open air, and a diet as free as possible from amylaceous and fatty materials; the child should take the breast more sparingly. The butter is diminished when nourishment is bad, in mental commotions, and tuberculosis with diarrhœa. Here an amylaceous and fatty diet is useful, and bodily and mental quietude. The sugar is but seldom increased. It is diminished by absolute fasting, in robust constitutions, during menstruation, and in acute diseases. This deficiency may be supplied by administration of milk-sugar to the nursling, whilst the nurse may take amylaceous and saccharine diet. The salts are increased in acute disease, especially typhus, and these occasion diarrhœa in the child. Both nurse and nursling should take phosphate of lime and common salt.—*Dr. H. Ploss, Jour. f. Kinderkrankh.*

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*Deaths in Boston* for the week ending Saturday noon, Nov. 17th, 50. Males, 25—females, 25. Abscess, 1—accident, 1—congestion of the brain, 3—chicken pox, 1—consumption, 6—convulsions, 1—cholera infantum, 1—croup, 2—dropsy, 1—dropsy in the head, 3—debility, 1—infantile diseases, 5—puerperal, 1—erysipelas, 1—typhus fever, 1—typhoid fever, 3—scarlet fever, 1—disease of the hip, 1—disease of the heart, 1—jaundice, 1—disease of the kidneys, 1—inflammation of the lungs, 2—disease of the liver, 1—measles, 1—old age, 1—pleurisy, 1—disease of spine, 1—smallpox, 2—tubercular meningitis, 1—unknown, 2—whooping cough, 1.

Under 5 years, 21—between 5 and 20 years, 6—between 20 and 40 years, 13—between 40 and 60 years, 7—above 60 years, 3. Born in the United States, 34—Ireland, 15—England, 1.

## A CARD LEFT ON A DOCTOR'S DOOR, ON HIS GOING OUT TO TEA.

WE lately saw, in a paper of very limited circulation, some lines which so aptly illustrate certain passages in a "Doctor's" life, that we asked permission of their writer to republish them in our pages. The piece is framed after a well-known model, as will be at once perceived; it was originally intended for, and was read at, a social meeting of the "Norfolk District Medical Society," in 1853, and would never have been printed but for the urgent solicitation of a friend. Without much liking for parody in general, we endorse this as exceedingly ingenious. The signature of its author, B. E. C., is well-known to the readers of this Journal.—[EDITORS.]

THE night-bell rings an end to sleeping aye;  
The low-laid crowds from labors o'er should be;  
The Doctor outward takes his darksome way,  
And leaves his bed for sickness and—a fee.

Now pale the flickering street-lamps in the night,  
And silence reigns beneath the clouded dome,  
Save where the carriage-wheels, with rumbling might,  
Convey late revellers to their anxious home;—

Save that behind his motley-colored door,  
Some yawning Leech may to himself complain  
Of such as, ringing at the midnight hour,  
Buy physic only by the single grain.

Beneath those shingled roofs, that slated pile,  
Where swells the down in many a tumbled heap,  
Each in his cosy bed, forgetting toil,  
Most other dwellers of the village sleep.

The wheezy call of garlic-chewing churl,  
The servant sputtering through the tin-made tube,  
The maid's shrill summons, or the Hibernian howl,  
May never wake them from the sleep they love.

Of them no more shall dangerous camphene burn,  
(Now prudent housewives Newell's patent use);  
No children wake, in fits, ere morn return,  
Or "tedious case" the wished-for rest refuse.

Perhaps in a neglected cot is laid  
Some head all swollen with St. Anthon's fire;  
Hands that the druggist's pestle might have swayed,  
Or stirred electuaries in a serf's attire.

Full many a beau of purest "diddling" mien  
To dark unwindowed cell to lodge repairs;  
Full many a belle is doomed to leer unseen,  
And waste her graces and coquettish airs.

Some village-gossip, that with heartless breast  
With little libels all the town would flood;  
Some mute and hoseless fireman there may rest,  
Some colonel guiltless of a foeman's blood.

The moans of sickening babies to allay,  
The attacks of cramp and colic to subdue,  
To dole out physic all the livelong day,  
And hear one's title in the school-boy's hue,

Is not their fate; nor their's perchance to atone  
For fatal lesions that all art defied;  
They hear no curses for an ill-set bone,  
Or gaping wound from sutures loosely tied;

No scolding tongues an unpaid bill to veil;  
No sighs for ailments of inglorious name;  
They dress no bruise from enginery or rail,  
With cerates mingled at the chemist's flame.

Their chintz, their frocks, soiled by unceasing use,  
The place of silk and honiton supply;  
And many a dingy robe around it strews,  
That warns the shrewd economist to dye.

For who to woful raggedness a prey  
His fading, napless raiment e'er resigned,—  
Left his warm bedding 'fore the break of day,  
Nor cast one, longing, lingering look behind.

For thee, who envious of unbroken sleep,  
Dost thus so loudly thy complainings din,  
If now, from some affliction sore and deep,  
A suffering friend should ask if thou art "in,"

Haply a dusty-headed "help" may say,  
"Oft have I seen him round the house this morn,  
"Brushing his clothes in haste to get away—  
"I'm sure I cannot tell where he has gone;

"Upon yon couch, now tattered o'er and torn,  
"Mixing his awful physic, he would get;  
"Now fainting, hungry, lean, like one out-worn,  
"Or wanting sleep, or head-and-ears in debt.

"One hour I missed him—hunting up a bill;  
"Gone was the hash, and ne'er a bit of tea;  
"A patient came; nor yet upon the sill,  
"Nor up the stairs, nor on the couch was he;—

"The next, to driver's seat, both high and hard,  
"Of the slow, crowded 'bus, I saw him soar;  
"Come here and read (for I can't read) the card  
"Placed as a sign upon the office door."

—  
THE CARD.

Here dwells, awaiting all the haps of life,  
A doctor humble and of less conceit;  
For lofty station never was his strife,  
And mammon-folly mars not his retreat.

Few are his wishes, with the world content;  
His daily recompense enough, though small;  
In early studies all he had he spent;  
Now gains in practice oft ('twas all he hoped) a call.

No farther seek him till to-morrow's dawn,  
Let him, uncalled, a casual feast attend  
(Where he awhile from troubling cares has gone),  
The supper of a neighbor and a friend.



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## ON THE TREATMENT OF INTERMITTENT FEVER.

MESSRS. EDITORS,—Having just read the reported cases of “*Œdema in Intermittent Fever*” that appeared in your Journal of Sept. 6th, by Dr. Colegrove, I feel impelled to make a few remarks on said report; and as the writer seems in doubt as to the propriety of the treatment pursued in his cases, I shall give an abstract of some from my own clinical record, bearing upon the subject, which is at your disposal for publication.

In Dr. Colegrove's first case, which I consider an excellent sample of treatable and curable disease, I have been unable, much to my regret, to determine what the treatment was during the first two weeks; the most favorable and important period for treatment. We are simply informed that on the 15th of Sept. the ague had subsided, and that on the 1st of Oct. it had returned; but whether he had suffered more or less continuously from the 15th of Sept. or not, we do not know. From the account of the patient's condition at that time, I have little doubt that he had more or less severe paroxysms of intermittent fever, on at least half the days of September. I can but conclude that the treatment of this case during the first month was altogether too expectant. To occupy twelve days in breaking up an intermittent fever, in these days is certainly very extraordinary. The second case is very similar to the first, but so far as his account goes, a more fortunate one. How it finally terminated we are not informed, but it would be in death doubtless, should the patient not be relieved of the paroxysms.

As Dr. Colegrove says, “it is by no means uncommon to see the feet and legs, as far as the knees, very considerably *œdematous*” in all countries where miasmatic fevers prevail, but this condition seldom or never supervenes till the patient's general health and physical strength are very considerably impaired. It is generally accompanied by dyspnoea on the least exertion, and is a disease of debility purely, the dyspnoea arising from torpid lung-circulation, a consequence of the imperfect action of a feeble heart. To illustrate, let us take the case of J. M., who came to the hospital at Panama, June 5th, 1853, with quotidian intermittent fever of mild type, but of some weeks standing. Much emaciated, countenance

sallow, appetite bad, rather a disgust for food, much thirst, irritable stomach, but no vomiting except when too much food or drink were taken, or during the paroxysms of fever; nothing remarkable about the bowels, urine scanty, and high colored, complains much of debility, and of dyspnœa upon exertion, the feet and legs œdematous to above the knees. On the following day, five hours before the time for the commencement of his accustomed paroxysm, six grains of sulphate of quinine were given him, and two hours before the time, six grains more, and he passed the day and night with no fever. On the following day five-grain doses were given instead of six, at the same periods before the usual time for the paroxysm, and this day passed also with no fever. For a week following these two days, a dose of six grains was given daily, at about four hours before the fever period. The patient had no more fever, his appetite began to improve at once, and his strength to increase. His urine grew clearer by degrees and was voided in greater quantities, and the œdema disappeared little by little, till at the end of a week none was to be seen except at night after having been on his feet most of the day. He took no quinine after the eighth day, continued to improve, and went to work on the tenth day, feeling, as he said, quite well, with good appetite, greatly improved countenance, and in the morning not the least œdema, but on the next day when I saw him at his work (laboring) his feet were a little swollen. This disappeared as his strength increased, and in five days after, he was as well as ever in his life, as he told me himself. This man was about 40 years of age, lived and labored in a very malarious district, and to all appearances would sooner or later have died of the disease, had it not been arrested. My experience with this state of health has taught me to believe that in miasmatic districts, or where the system is thoroughly impregnated with the poison, the tendency of the disease is to terminate in destruction, not in resolution.

We will take another case. H. B., white, a carpenter, aged 30, came to hospital June 10th, 1853, with quotidian intermittent fever, of rather severe type. He had suffered four paroxysms, from which he felt greatly exhausted, and appeared to have been much broken down by them. His stomach irritable and bowels loose, scanty and high colored urine. Sulphate of quinine was given to him as in the case of J. M., and at the end of three days, not having had any return of fever or ague, he felt so much improved that he desired to return to his work, which he was allowed to do. His appetite was good, and his bowels in good order. On the following day he came to me with his feet so much swollen that he could not wear his shoes, and upon examination both feet and the legs nearly to the knees were found œdematous. He told me that when he left his bed in the morning his feet were not at all swollen, and that his appetite was good; and although he could not do as much as before his sickness, in consequence of debility and shortness of breath, yet he felt that he was improving. Four grains of quinine



were ordered to be taken every morning for a few days, and friction with cold water to the legs at night. In a week, all œdema and debility had disappeared, and the patient was as well as ever. In cases like the above I have almost invariably found that as the fever disappeared with its general derangements, the urine gradually resumed its healthy quantity and quality, with no stimulation of the kidneys. Occasionally, however, I have given the quinine with sweet spirits of nitre, and with very happy results.

We will now take a case of another class. R. C., white, a laborer, aged 28, came to hospital in Sept. 1854, complaining of general debility, loss of appetite, torpid bowels, restlessness at night, almost complete inability to sleep, occasional wandering pains in the limbs and body, nausea and disgust for everything but drink. Said he first began to feel unwell five or six days before his entrance into the hospital, that he had experienced no chill or fever during the time, but had continued to get weaker daily. His tongue was covered with a heavy yellowish-white coat, breath foul, urine scanty and high colored.

A cathartic of comp. ext. colocynth was given, and after its operation he was first put upon four grains of sulphate of quinine, once in four hours, which was continued for two days. He commenced at once to improve; and after the second day the quinine was reduced to five grains every morning, and this again, after a week, was discontinued. He made a rapid recovery, and the little œdema that existed when he presented himself at the hospital had entirely disappeared at the end of ten days, when he again went to work.

This last case is a sample of what may be properly termed latent miasmatic disease or fever. It is quite common in the tropics. It is a bad form of disease, for if let alone it generally terminates in a well-developed and violent intermittent fever, or occasionally remittent fever.

Dr. C.'s remark in reference to the inaction of diuretics in the removal of the œdema or anasarca, makes it proper for me to give a case or two here in point. I am not sure that his third case could not have been at least benefited by similar treatment, a case very different from the first two in many respects. Antonio B., a mulatto, laborer, aged 20, presented himself at hospital for admission on the 15th May, 1854, in the following condition. Considerable emaciation, tolerably good appetite, much thirst, legs and thighs œdematous, and the scrotum greatly distended with water. In the erect position, the peritoneal cavity was filled with fluid to an inch above the umbilicus. Rather torpid bowels, urine in very small quantity and high colored, but not albuminous. He was of very intemperate habits, and had suffered attacks of intermittent fever occasionally for some three or four years, but not for some months before coming to the hospital, that I could ascertain. Neither had he any febrile symptoms about him at that time, but was rather strong, and anxious to work, being only prevented by the size of the scrotum and legs. His bowels were thoroughly cleared by hy-

dragogue cathartics, and he was put upon diuretics, which were continued till there was every probability that he would die of suffocation unless something more heroic should be adopted. It is useless to enumerate all of the diuretics, alteratives and cathartics that were given during a month and a half that I was industriously following them up. On two or three occasions during this time I tried every means to produce a mercurial impression, and in order to stimulate the absorbents, but to no purpose. He would take calomel and opium in any quantity, with no effect whatever. The diuretics did not only not decrease the watery effusion, but they had no effect on the amount or quality of the urine. For ten days previous to the time that I concluded to perform paracentesis, to save him from suffocation by pressure on the lungs, caused by the accumulation of fluid in the peritoneum; he had been taking sweet spirits of nitre and tincture of digitalis combined, in large doses, with no effect. Over four gallons of albuminous fluid were taken from the peritoneal cavity by tapping, in the course of twenty-four hours. The scrotum was almost entirely emptied by gentle pressure upon it, and the legs were nearly reduced to a natural size by elevating them for ten or twelve hours. Within twenty-four hours after the operation he passed large quantities of light-colored urine, the same diuretic being continued. He was again put upon small doses of calomel and opium, and in thirty-six hours the teeth became tender, and he had mercurial fœtor of the mouth. The calomel was stopped, and the diuretics continued for a few days. During all this time he had no febrile symptoms. His mouth was a little troublesome for a few days, but he made a fine recovery, and was at work within four weeks. He is now (a year and a half since) a hardy laborer. There never was any disposition to re-accumulation in the peritoneal sac, nor return of the œdema, although for more than a year after, the patient was subject, as all persons are in miasmatic locations, to occasional paroxysms of intermittent fever, and was very frequently wretchedly intoxicated. When I saw him last, in September, he was apparently in perfect health. The most remarkable feature in this case was the perfect inertness of diuretics and mercury before, and their activity after, the tapping.

In June of this year, an Irish laborer, aged 35, came to hospital with some œdema of the legs and thighs, slight effusion into the scrotum, but the most he complained of was a sensation of painful fulness of the belly, and, as he thought, some increase of size. He was a man of intemperate habits, but, so far as I know, had not indulged much for some two or three months previously. About a month before he was in the hospital with dysentery, which was slight, and soon cured. He had suffered within three months, two or three attacks of intermittent fever, but they were readily arrested, and he had returned to his work without much loss of time. This man, at the time of his admission; complained also of a want of appetite and torpidity of the bowels, and, as he said, "could not make water." The difficulty was almost entire suppression of



urine. That which he did void was very high colored and ammoniacal, but not albuminous. He had no febrile symptoms, and was put on the same treatment as Antonio. His bowels being moved, diuretics were given as before, but to no purpose; the œdema continued to increase, and the peritoneal cavity, which on his admission contained but little fluid, continued to fill, and notwithstanding he was taking diuretics in large doses, he passed little more than an ounce of urine daily. I could get no mercurial impression by any means adopted, any more than in Antonio's case. He at length was unable to breathe except in the upright posture. I performed paracentesis, and obtained nearly four gallons of fluid. The diuretics almost immediately produced large discharges of clear urine, and the mercurial impression was easily obtained. The patient left the hospital a month after, entirely free of his œdema, and with no apparent disposition to re-accumulation in the peritoneal cavity. He had no difficulty with his mouth, the mercury having been withheld as soon as the first sign of its effect appeared. I heard of him a few weeks later, and his health and prospects were still good.

The first three of the above cases are but a few of a large number of similar ones I have recorded, whose treatment and results have satisfied me that "œdema in intermittent fever" is generally easily cured, by interrupting at once, thoroughly and permanently, the paroxysms or the conditions produced by the malarious poison, and then by doing anything that may improve the digestion and physical strength. A course of purgation and continual drugging of the stomach with diuretics, &c., will generally hasten a fatal termination. Iron may occasionally be of service, and a few of the bitters, but the stomach is more frequently better without them.

Of the last two cases I have little to add, except that they were happy terminations of very obstinate dropsy. The condition of the absorbent system before, and after, the extraction of the fluid effused, was very remarkably different. How applicable the treatment is to ordinary cases of dropsy, I am unable to say, not having adopted it in many cases.

S. ROGERS,

Surgeon to the Panama R. R. Company.

*New York, Nov. 13th, 1855.*

#### QUINOIDINE IN INTERMITTENTS.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING seen a paper in the American Journal of the Medical Sciences (No. LVII., page 81) communicated by Dr. Cullen, headed "One hundred and eighty cases of Intermittent Fever treated in the Philadelphia Hospital with Sulphate of Quinoidine, by J. S. Dorsey Cullen, M.D., one of the assistant physicians," I concluded to try its virtues. I procured the article some time since, and am now in regular use of it. Since the remedy in question is scarcely

recommended by medical authors, and is not in use by practitioners generally, I think it but just to note its powers.

The quinoidine, or amorphous quinia of Liebig, appears to abound in the Peruvian bark, and is the substance left after the crystallization of quinia; for we have in U. S. Dispensatory (ninth edition, note to page 1172) the following: "upon the evaporation of the mother liquor left after the crystallization of sulphate of quinia in the preparation of that salt, a dark colored substance is left, having the appearance of an extract;" the substance resembling the extract being the quinoidine, of the U. S. Dispensatory.

I would here state that Dr. Cullen has found the "quinoidia to possess anti-periodic and febrifuge properties equalling those of quinia." The same is the writer's experience with the remedy. The two cases reported in this paper, were taken down in my note book at the time of treatment. Others could be produced, but these are deemed sufficient for the present purpose. In cases of intermittents, I always first direct my attention to the functions of the liver and alimentary canal, and correct them if not natural and regular; I also generally commence giving the quinoidia from the time of first seeing the patient. My manner of exhibiting the remedy is as follows. Having the quinoidia made into pills of about four grains each, I commence by giving one pill every two hours, for six hours preceding the expected paroxysm, and afterwards every four hours, continuing in that manner from four to six days, which time I find sufficient to arrest the chills.

CASE I.—Martin White, aged 22, of good constitution, was taken down with intermittent fever of quotidian type on Oct. 12th, 1855. On the 14th he was first seen; has now a "hard chill." Left quinoidia with directions concerning its use.

16.—Has had a paroxysm this morning; he had passed through the morning before without any chill, but had failed last evening to take the quinoidia; left the remedy with strict directions to continue its use.

19th.—Has been free from paroxysms since the 16th; continue the remedy.

21st.—Patient is up and about. Discontinue treatment.

CASE II.—Miss R., aged 18, healthy; was taken with intermittent fever of the tertian type on Oct. 15th, 1855.

Oct. 18th.—Has just passed through a severe paroxysm; ordered quinoidia, as in the preceding case.

22d.—Has had no recurrence of paroxysm; continue the quinoidia.

24th.—Says she is now "as well as ever;" discontinue treatment.

I would here state that the above cases have had no recurrence of the paroxysms; the patients are now as well as usual.

I have treated other periodical affections with like success, and deem the quinoidia equal to quinia as an anti-periodic and tonic.

I cannot see why its use should not, in a great measure, super-



sede that of quinia ; for we have, first, what is most important, its action, which is equal to that of quinia in promptness ; secondly, its cost is less than a third that of quinia ; and thirdly, it is more pleasant and convenient to take than quinia. All of the above are points which the physician should look to, when choosing one remedy from a class having the same effect upon the human system. The use of the remedy in question has nearly entirely superseded that of quinia in my practice.

W. THOMAS OWSLEY.

*Burkesville, Ky., Nov. 3, 1855.*

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#### ANNUAL MEETING OF THE STATE MEDICAL SOCIETY OF VERMONT.

MESSRS. EDITORS,—The Vermont Medical Society held its annual meeting for 1855 on the 24th of October, at Montpelier. The chief matters of business were the reception of the reports of the Treasurer and the Boards of Examiners of the Medical Colleges, and the election of officers for the year. A committee appointed at the annual meeting of 1854, to prepare an address to the medical profession in Vermont on the subject of the registration-laws, and to memorialize the Legislature on the same subject, having no report to make, were continued, and instructed to attend to their duty in the course of the present year. The only statute in Vermont having any relation to this subject is one requiring town clerks to register deaths and births, when reported to them ; and requiring parents, &c., to make returns to the town clerks in all cases. The law is a dead letter. The chairman of the committee on this subject is Professor Joseph Perkins, of Castleton. He is the Vermont member of the Committee on Medical Topography of the American Medical Association, and has lately addressed a circular to the profession in Vermont, soliciting aid and information on the subject of epidemics and medical topography.

In connection with this important subject, Dr. Thayer, of Woodstock, presented to the Society a plan for a uniform style of records of medical cases—recording only certain prominent particulars, but intended to increase the value of registration-reports—and likely to aid the cause which the committee on epidemics of the American Medical Association are engaged in. Dr. Thayer was authorized to circulate his proposition throughout the State at the Society's expense.

The mountainous character of this State renders communication difficult, except on the line of the railroads. The scattering of the population over a great surface, gives our physicians long rides, which leave them little leisure. These two causes undoubtedly have prevented many from attending the annual meetings of the Society, or even becoming members. Membership of the State Society is not here, as in Massachusetts, the condition of being met in consultation and received on equal terms by the profession. The attendance upon the Society meetings is exceedingly small. A

temporary interest was excited in the Society a few years ago, by the holding of semi-annual meetings in other places than Montpelier ; but these extra meetings have been discontinued. In order, if possible, to induce a more general interest in medical organization, the Society voted to hold an extra meeting on the 26th of June next ; and in order to give gentlemen in the southern part of the State an advantage which they have not usually enjoyed, it was voted to hold it at Bellows Falls. It is to be occupied with the reading and discussion of scientific papers, to which all gentlemen are invited to contribute. A meeting of physicians, even once a year only, is an occasion of mutual corroboration, which you, Messrs. Editors—in regular participation of the weekly feast of the “Medical Improvement” and “Medical Observation” Societies of our good old Boston—need not be reminded of.

Dr. Clark, of Montpelier, exhibited to the Society a red lizard, about three inches in length, living and well, which was vomited by a patient of his on the 1st of September. He gave the following history. A healthy farmer, æt. 50, under his care for two years, for occasional severe nervous symptoms. During the first year, occasional sudden attacks of insensibility, falling and remaining for several hours unconscious, and then recovering completely. These attacks occurred at irregular intervals, and under all circumstances—separated by several weeks, more or less, of perfect health. In the second year, these attacks gave place to paroxysms of epileptic convulsions, sometimes repeated many times in a day, with intervals of perfect health, as before. For several hours, however, after attack, usually headache or uneasy sensations in the stomach, lasting several hours, which symptoms occurred at no other time. Was repeatedly purged with cathartics—never vomited—till, on the 1st September, 1855, after dining on fresh pork, was much distressed at stomach, and vomited, with much strangling, a quantity of pork and the lizard which Dr. Clark exhibited. Patient was in his chamber at the time, and immediately sent for Dr. C., who found him as described. Vomited a little blood after the lizard.

The patient has since been in perfect health—has had neither epileptic paroxysms nor any unusual sensations in the stomach or head. As soon as he saw the lizard, the patient said he remembered that a little before he began to suffer in health (twenty-eight months ago), he had the sensation of swallowing some small substance one day when he was drinking at a spring, but had forgotten it.

This case is worthy of record, from its authenticity. It has been denied that animals which have a known existence out of the body, can live within it. We have here indisputable evidence that a lizard lived in a man's stomach for a considerable time ; and should the patient continue three or four months without a recurrence of the symptoms, we shall have no reason to doubt that the nervous affection was produced by the presence of the animal in his stomach. He had passed a much longer period than usual without an attack, at the time the case was reported.



Dr. Richardson, of East Montpelier, showed specimens of biliary concretions from two subjects, and gave the following history.

CASE I.—A farmer's widow, aged 58, light complexion and blue eyes, of Orange, Vt., having been in poor health without special symptoms for some years, became jaundiced in the winter of 1854-5, with little appetite and occasional nausea. She was of costive habit. Was treated with mild mercurials, without permanent relief. Nausea increased in June, with retching and distress at stomach; very little vomited; no severe pain; irritative fever. Icteric hue continued, not increasing much. Gradually lost strength; nausea and gastric distress growing worse. Cancer of the stomach was diagnosed, and she took little medicine. From Sept. 1st to 23d, no dejection. Sept. 23d, several dejections of dark color, resembling vitiated bile, which continued to occur daily till Sept. 30th, when she died.

These facts were obtained by Dr. Richardson from her physicians.

*Autopsy, 30 hours post-mortem*—in presence of Drs. Field, Pad-dock and Richardson.

Brain not examined. Thoracic viscera normal. No serum in peritoneum. Mucous membrane of stomach softened, but no ulcers. Liver, of normal size and apparently healthy. Organs in vicinity of gall-bladder stained with bile. Gall-bladder distended and feeling like a shot-pouch. It contained about two hundred biliary concretions, and an ounce of bile resembling warm tar. The concretions were in size from a pin-head to a pea; color, that of honey, or darker; form, polygonal; sp. gr. 1061; of class (according to Cumin) mellitic—composed of cholesterine nineteen parts, picromel one part, with a minute quantity of other animal matters.

Biliary ducts not obstructed.

All the remaining abdominal viscera were normal in appearance.

CASE II.—Mrs. L., æt. 62, Orange, Vt. Of dark complexion; mother of eight children. Health generally poor. Seventeen years ago was attacked with sudden and violent pain in region of liver, without known cause. Confined to bed six or seven months—any attempt to rise producing severe spasmodic pain. From this and from a succeeding pain in the back, accompanied with dysuria, the patient recovered in a great measure. In the spring of 1854, was again attacked with pain in right side, giddiness, and pain in region of kidneys. Obstinate vomiting accompanied these symptoms; the matter vomited was usually dark greenish, of offensive odor. Complained of burning and acidity of stomach; was not able to take food of any kind, and even the odor of cooking caused vomiting and intolerable nausea. Her bowels were costive; sleep disturbed; face slightly icteric. She was thought to have cancer of stomach. She took no medicine, except anodynes; gradually sank, and died in August, 1854.

*Autopsy, 20 hours post-mortem*.—Present, Drs. Basset, Bennet, Bigelow and Richardson.

Much emaciation. Skin slightly yellow; no other discolorations.

Several quarts of serum in peritoneal cavity. Neighborhood of gall-bladder discolored with bile. Gall-bladder much distended with bile—and contained three gall-stones, varying in size from a large hazel-nut down to three eighths of an inch in diameter; each calculus had several processes upon it, the body being of bright yellow and the processes black as jet and finely polished. One of the processes of the largest was forced into the cystic duct. The concretions have a specific gravity less than water, and, according to Cumin, are composed of pure cholesterine.

Mucous membrane of stomach softened, and ulcerated a very little in minute patches.

Left kidney atrophied, being about one third the size of the right. The tubular portion appeared to have been the seat of inflammation, resulting in contraction. The other organs of the abdomen were healthy.

Some atheromatous deposit in the aorta. Remains of tubercles in the lungs.

The annual address, which is delivered by the President or any member whom he may substitute, we did not have the privilege of hearing, owing to the absence of Dr. Warner, the president. The gentleman who holds this office for the next year is Dr. Perkins, of Castleton.

Means will be taken in future to secure a sufficient number of scientific communications to render the meetings profitable; and it is to be hoped that medical men in Vermont generally, will believe it for their interest to attend the meetings.

WM. HENRY THAYER, M.D., *Sec. of the Vt. Med. Soc.*  
*Woodstock, Vt., Nov. 8th.*

#### NEW REMEDY FOR HEMORRHOIDS.

THE Journal of Nov. 15th contains a translation, from the *Gazette des Hopitaux*, of a conversation concerning the extract or powder of capsicum as a remedy for hemorrhoids. There is another preparation of the same plant, more agreeable to take, which will probably be found quite as efficacious. I mean the pickled unripe pepper, which I have been in the habit for years of prescribing, as an article of diet for patients with this disagreeable disease. The results of the treatment are quite as successful as from any remedy in any other disease. Many patients are unwilling to try the pickled pepper, unless permission is also given them to render their clothing filthy with some greasy substance. Such patients may be indulged with safety, but the pepper alone, in the large majority of cases, the bowels having first been emptied, will be found treatment enough. Ward's paste, the confect. piper. nig., has for an indefinite time been used for this purpose, but it has not one half the virtue.

Dose—one pepper for dinner.

C. E. BUCKINGHAM.

*Harrison Avenue, Nov. 21, 1855.*



## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

JULY 9th. *Polypus Uteri*. Specimen exhibited by Dr. STORER. Dr. S. saw the patient in consultation ten days since. A woman, aged about 35, who had a child three years ago, since which, at intervals, she had flowing more or less, the greater part of the time. Her physicians had found difficulty in diagnosing her case, on account of her great unwillingness to be examined. Dr. S. found her very feeble; breathing with much difficulty; perfectly anæmic; unable to make the slightest exertion, unaided. Exquisite pain was suffered during the vaginal examination, which necessarily was slowly and cautiously made; the tip of the finger, when introduced to its utmost limit, detected a polypus suspended from the fundus of the uterus. Examined through the rectum, the uterus felt firm and solid, as if the seat of a fibrous tumor. The patient died the subsequent day, and the attending physician very kindly sent the diseased organ to Dr. S., thus enabling him to exhibit it to the Society.

Several fibrous tumors, varying in size, occupy its parietes; and, dependent from the fundus, hangs quite a large polypus.

JULY 23d. *Abscess of the Lungs*. Dr. ELLIS reported the case and showed the specimens. The latter were taken from a woman, 65 years of age, who belonged to a healthy family, and had always enjoyed good health until May 4th of the present year, when, though not feeling well, she worked quite hard, and became much fatigued. Two days after this she was attacked with chills and pains in the chest. The strength failed so much at the same time that she was obliged to take to her bed, where she remained with "lung fever" until her entrance into the Massachusetts General Hospital, on May 31st, under the care of Dr. PERRY. She was then found in bed, with a pale, anxious countenance, a feeble pulse, some dyspnœa, and a tight, dry cough, accompanied by expectoration of muco-purulent matter, tinged with blood. The prostration was quite marked, and an eschar had formed on the back.

On examination of the chest, dulness on percussion was detected above the spine of the right scapula, where the respiration was bronchial. At the base of the left lung was a muco-crepitant râle. On the following day, fine crepitus became audible at the apex of the right lung. For a few days after her entrance, febrile paroxysms occurred in the afternoon, but were not afterwards mentioned. With red, clean, or but slightly coated tongue, there was decided gastric derangement during the first month, but the appetite improved afterwards, and in the early part of July was quite good. Pain and distension of the bowels, with constipation, were complained of, until towards the close, when diarrhœa supervened. The cough at first was by no means urgent, and rather diminished until July 2d, when she had a paroxysm, accompanied by hæmoptysis. From this time the cough increased, and on the 6th, the expectoration became quite profuse, muco-purulent or purulent, and tinged with blood. On the 9th, dulness on percussion was detected in the lower part of the right side, where the respiration was wanting. The expectoration continued for a number of days, as above described—but finally diminished; the prostration became so great that no examination could be made; other eschars formed about the pelvic region; great dyspnœa supervened, and she died on July 20th.

*Autopsy*, twenty-four hours after death. Weather rather cool for the season.

*Emaciation* well marked. *Edema* of the legs, particularly of the right. Very little, if any, *cadaveric rigidity*. Light red discoloration of the dependent parts of the *eschars* about the *sacrum*, *trochanteric* regions, and right *scapula*. Maximum thickness of the *skull*, across the middle of the *frontal bone*, five eighths of an inch; one fourth of an inch just above the *occipital bone*. The external and internal surfaces presented the usual appearances. The intervening substance was quite dense, rendering the *calvaria* much heavier than usual.

*Brain*.—Rather more serum in the *lateral ventricles* than usual; nothing else remarkable in this organ.

*Left lung* adherent at the apex and lower, anterior edge of the upper lobe, which was also attached to the lower, but the surfaces were separated with ease. Three ounces and a half of serum in the cavity. Numerous minute blood vessels gave to the lower two thirds of the *costal pleura* an unusually red appearance; and near the spine there were a number of *ecchymoses*, one or two lines in diameter. Pleural surfaces, on the right side, adherent, with the exception of those parts corresponding to the lower antero-lateral half of the lower lobe of the lung. Here the costal and pulmonary pleuræ were covered with a dense membrane, about a line in thickness, of a pinkish color on the surface, though yellowish-white below. This enclosed five ounces of pure pus. The adhesions were separated without any great difficulty, except at the line of junction with the free surfaces, where it was necessary to use the knife. On inflating the lung no air could be forced into the cavity containing the pus.

*Right lung* weighed fourteen and a half ounces. Apex of the upper lobe somewhat wrinkled externally. Just beneath the surface was an old caseous mass, two lines in diameter. Lung everywhere crepitant with the exception of the lower half of the lower lobe, which presented the usual appearances resulting from compression. In the midst of this latter portion was a cavity about three inches in diameter, containing a dirty white, or brownish fluid, and communicating freely with the bronchi. Its surface was rough and flocculent, formed by the pulmonary tissue, and traversed by delicate bands, but presented no proper lining membrane, being merely smeared with a grayish-white mucus or pus. The *left lung* weighed one pound, four ounces and a half. External surface deeply puckered at the apex. *Pulmonary substance*, to the depth of an inch below, dense and fibrous, with two small, encysted, caseous masses imbedded in it. Remainder of the lung crepitant and healthy, with the exception of the anterior and inferior part of the lower lobe, which was occupied by an *abscess* as large as a hen's egg, and which lay just beneath the pleural surface. This contained a dirty-looking, reddish fluid, and communicated with the bronchi, like that of the other side, which it resembled in other respects. These two cavities, occupying the lower lobes of the lungs, presented the same general appearances. Both seemed, as it were, hollowed out from the substance of the lungs, which presented no trace of superficial disease, nor of the third stage of pneumonia. No lining membrane had been formed, and on the removal of the contents of the abscesses, the pulmonary tissues were at once exposed, somewhat irregular, of a dark-red color, and condensed, for a few lines only, beyond the abscess, when it became, upon one side, perfectly healthy, and on the other was only altered by the effect of compression. No gangrenous odor could be detected in either of these cavities.

The mucous membrane of the primary and secondary *bronchi* was reddened; particularly upon the right side.



*Bronchial glands* crowded with black pigment, which was also quite abundant in the substance of the lungs. An ounce of serum in the *pericardium*.

*Heart*, flaccid. About one ounce of dark, liquid blood, and a small, yellow, gelatinous coagulum in the right cavities. A little liquid blood and a small coagulum in the left side. Mitral and aortic *valves*, as well as the *chordæ tendineæ*, a little opaque and thickened. *Weight* of the organ, seven and a half ounces.

The *liver* extended two inches below the edge of the false ribs. Maximum thickness of its left lobe seven eighths of an inch. A small portion of the larger lobe, above and to the right of, the gall-bladder, was lobulated; *substance* fawn-colored; no congested points; weight, two pounds, fourteen and a half ounces.

*Gall-bladder* filled with dark-yellow, viscid bile. Its lining membrane normal.

*Spleen* of a dark-red color, small and firm. *Weight*, two and a half ounces.

Each *kidney* weighed about four ounces. Small portions of the cortical substance were raised with the capsules. Otherwise nothing remarkable.

Other organs normal.

JULY 23d. *Homœopathic Trickeries*. Dr. COALE related the following facts. He was sent for to visit a child with convulsions, one afternoon lately. Being absent at the time, he did not see the child until the next morning. He then found that a homœopathic practitioner had been in attendance and had given *wine of ipecac.*, in the dose of *two teaspoonfuls*, at the same time leaving directions that if the child did *not* have any more convulsions, it should be made to swallow two or three of the little *pellets* left by him; if it *had* any more attacks, *it must have the wine of ipecac. again!*

Dr. C. said that these facts, in themselves, were unimportant, save in so far as they illustrate the deception of this class of practitioners, who while they hold out the idea to their employers that they are giving infinitely small doses and that this is the only safe practice, often use the preparations and doses given by regular physicians. Similar occurrences are getting to be so frequent that they should be exposed, in simple justice to the profession.

Dr. C. also mentioned that whilst varying the dose of the biniodide of mercury very gradually to one-eighth of a grain, in a certain case, the apothecary who put up the prescription, showed him another, of a homœopathic practitioner, in which the dose was one-sixth of a grain of biniodide of mercury combined with three grains of hydriodate of potassa, four times a day. Truly *infinitesimal*.

JULY 23d. *Congenital Fatty Tumor of the Right Orbit*. Dr. BETHUNE related the case. The first record was made on the 27th of June, 1855, as follows.

Margaret C——, 19 years of age, usually in good health, had suffered from dysmenorrhœa and pain in the breast at her menstrual periods; she was married two years since, and has never been pregnant.

The patient reported that the tumor seen in the orbit has existed from her infancy; and that for the last three months it has been increasing in size. She has occasional paroxysms of pain in the right eye, with a sensation of heaviness in the upper lid.

On examination, the left eye is well; the upper lid of the right eye is pushed outwards by a tumor, which, on eversion of the lid, is found to be

of the size, and somewhat of the shape, of the half a chestnut; it is lodged between the eye-ball and the lid, is covered by pale-red conjunctiva, and apparently extends into the orbit and also somewhat below it.

*June 28th.* The tumor was removed with some difficulty, after its exposure, on account of its indefinite connection with the sub-orbital cellular tissue and conjunctiva, at the junction of the lid and the globe of the eye. It was found to extend so far underneath the conjunctiva of the globe as to require the removal of one third of this membrane.

*July 11th.*—The wound of the operation has healed well. A portion of thickened conjunctiva still remains attached, near the junction of the upper lid and the eye-ball; this piece was easily removed.

*21st.*—The patient was discharged; the eye well, except for a partial ptosis of the right upper lid, the effect of the distension caused by the tumor. The eye also now appears smaller than the left; the sight, however, is perfect.

From a microscopic examination of the contents of the tumor, by Dr. SHAW, its character was ascertained to be *fatty*; it was made up of the large adipose cells, such as are found in adipose tissue. Many of these cells contain the fatty matter in a crystalline state, in fine, waxy needles, arranged around a common centre; an appearance not uncommon in tumors of this description.

*AUGUST 13th. Powerful Action of Aconitine upon the Eye.* In a case of amaurosis, Dr. BETHUNE used as a collyrium a solution of aconitine; one eighth of a grain to an ounce of distilled water. This was immediately followed by swelling of the lids, great redness, lachrymation, &c., of the eye to which it was applied, and also by *great contraction of the pupil*; this latter symptom remaining for twenty-four hours. A solution of one half the above strength was then used, and this also caused, together with the other symptoms mentioned, distinct contraction of the pupil, but in a less degree and of shorter duration.

*AUGUST 13th. Simple Hypertrophy of the Heart. Granular Degeneration of the Kidneys.* The specimens were exhibited by Dr. ELLIS, and were taken from an Irish painter, 40 years of age, who had been in the habit of using ardent spirits freely. About two years before his death, he entered the Hospital for lead colic, and was discharged in a week well, and, with the exception of occasional headache, continued so until the end of March, 1853, when, while ascending a hill, he was suddenly attacked with severe pain in the chest, excited by a full inspiration. This soon disappeared, but during the six or seven following weeks he had three similar attacks, quite severe, and followed by dyspnœa. After the last of these he gave up work, and on July 27th again entered the Massachusetts General Hospital under the care of Dr. STORER. Dyspnœa was at that time a prominent symptom, and became more and more marked. The pain in the cardiac region returned from time to time, while the action of the heart was always tumultuous and irregular, and attended by a rapid and full pulse. The œdema, which had appeared in the feet a week before entrance, extended to the whole lower extremities; dulness and feeble respiration were finally detected in the right back, the expectoration became tinged with blood, the strength declined, and he died on Aug. 8th.

The quantity of urine, three weeks before his entrance, had suddenly increased, but, when examined at the Hospital, was natural and afterwards diminished. It was pale, acid, with a density of 1012, and contained a small deposit of pus and epithelium, a few casts of the tubuli uriniferi and a small amount of albumen.



*Autopsy*, ten hours after death.—Three pints of serum in the right pleural cavity; six ounces in the left. Both *lungs* highly œdematous, with the exception of the lower portion of each, which was compressed.

*Heart* enlarged and quite firm; its weight nineteen ounces; all its parts appearing to be involved in the hypertrophy. Its substance was lighter colored than usual, and contrasted strongly with the dark muscular tissue in other parts of the body.

*Kidneys* of small size. Weight of each a little less than four ounces. The *capsules* were removed with ease. External surface studded with granulations of a grayish-white color, from one half a line to a line in diameter, rising above a vascular surface, not only visible to the eye, but readily detected by the touch. Much fat about the pelvis. On examination, the cortical substance was found very thin and of the same red and white color as the external surface, and blending in such a way with the tubular portion as to render the outlines of the latter less distinct than usual.

*Stomach* contracted. Mucous membrane quite rugous, and presenting, throughout, but particularly in the cardiac portion, numerous fine, red points, or stellæ, so grouped together in many parts, especially along the longitudinal folds, as to give to the surface quite a uniform red color. Membrane of good consistence, but somewhat thicker than usual.

Dr. E. remarked, that a short abstract only of this case was given, as it illustrated nothing new, but was merely a good example of a common and well-known lesion.

AUGUST 13th. *Tubular Pregnancy; a second ovum being found in the cavity of the uterus.* The specimen, with a report of the case, was sent by Dr. WM. D. BUCK, of Manchester, N. H., to Dr. H. J. BIGELOW, and by him to the Society.

The patient was a married woman, about 25 years of age, and was attacked suddenly with pain in the abdomen at 9 P.M. on the 17th ult., from which time she sank rapidly and died in about seven hours. Before her death she told her attending physician, Dr. TEBBETS, that she was pregnant and had taken a medicine to procure abortion; and that she had, further, had an operation performed in Boston for the same purpose.

Dr. B., having been summoned by the coroner to make a *post-mortem* examination, introduced a speculum but found no appearance of injury about the os uteri; the os and the lining membrane of the vagina being perfectly blanched. The peritoneal cavity contained six or eight pints of blood, partly fluid and partly coagulated. The uterus was enlarged to twice its usual size; and, upon laying it open, after its removal from the body, there was found in its cavity an ovum, the fœtus being about three inches in length, and in every way well developed externally for one of that size, as were the membranes. The right Fallopian tube was abruptly distended towards its distal extremity, so as to form a solid tumor of the size of an English walnut, upon the surface of which was the orifice from which the blood had escaped into the peritoneal cavity. Upon incision of the tumor there was found a second ovum; the fœtus, however, being less developed than the one contained in the uterine cavity. The right ovary contained two well-marked corpora lutea, there being nothing remarkable in the left.

The uterus, which was sent to Dr. B. without the fœtuses, had been preserved in spirits, but showed several of the points above described perfectly well; the deciduary portion of the inner surface of the fundus and body of the uterus being thick and well characterised. The case, which was unique,

as far as any one present was aware, seemed to be regarded as one of twins, in which one of the ova was accidentally arrested in the Fallopian tube.

AUGUST 13th. *Cancer of the Globe of the Eye.* Dr. SHAW read the following account. The history of the case was supplied by Dr. J. C. SHARP, who also sent the specimen for exhibition to the Society.

A——, a carpenter, æt. 50, was struck in the left eye, in 1850, by a chip. June 14th, 1853, he entered the Eye and Ear Infirmary having a dark fungoid projection on the cornea, extending over the sclerotic and involving the choroid artery, commencing at the upper and outer part of the eye, and attended with moderate pain. This growth was removed on the 16th by Dr. BETHUNE, and on the 21st he was discharged well. About one year afterwards the eye began to swell, commencing near the inner canthus, since which time the growth of the present tumor has been gradual. According to his statement, "whenever he took cold, the eye swelled suddenly to the size of a hen's egg" and discharged freely a serous fluid. Till within six months he has suffered but little with pain; during the last three months, pain in the globe and over the brow, and shooting pains through the back of the head and neck, have been almost intolerable. The tumor externally (before the operation) was of a pinkish tinge, and presented a rough surface. On microscopic examination of a small fragment chipped from the surface, well-marked cancer cells were found, and on the following day the eye was removed by Dr. HOOPER at the Infirmary. The tumor proved to be a perfect mass of encephaloid, presenting cancer cells in every part.

No appearances of any normal tissues, except perhaps an indication of the situation of the iris in one spot darker than the rest. The diseased mass was especially remarkable on this account, that nothing remained to show that it was once an eye.

AUGUST 27th. *Tetanus.* Dr. COALE reported the case. C. McC., hack driver, aged 23, a hearty man, except that four years ago he bruised his right side by a fall, and two years since he hurt his hand, which injury was attended with attacks "of crampy pain" and some "spasms," but not severe. Thursday, Aug. 16th, he was taken with diarrhœa; this increased on Friday and Saturday, when he ate a very light breakfast; took two crackers for luncheon; no dinner. Took at mid-day "camphor and laudanum." Dr. C. saw him at 7 P.M. Two hours before, he had been seized with violent pain in the right abdomen, and an hour later with violent "cramps" which ceased early in the afternoon. No stool since 1 P.M. No vomiting. Pulse 80. Complains, not of pain, but of a very distressing sensation in right hypochondrium. Dr. C. soon had an opportunity of witnessing a spasm. While lying on his back he was suddenly and violently bent forward, bringing his forehead near his knees; remaining in that position for a moment, the contraction of the muscles on the left of the median line gradually relaxed, and that of those on the right increased, bending him over sidewise, and then continuously the muscles of the front relaxed and those of the posterior surface of the body contracted; thus converting an emprosthotonos, not by jerks, but gradually and continuously, into an opisthotonos. The spasm was then persistent for a while, and gradually, though speedily, relaxed. During the last part the body was bent directly backwards in a continuous arc, the head and the heels being less than three feet apart. The arms were bent at the elbow; kept in close and violent proximity to the chest; the fists clenched, and in one instance both thrust so strongly against the windpipe, that suffocation must have ensued had not aid been at hand to remove them, which was done, with difficulty, by the united efforts of two men.



The first prescription was fifteen grains of calomel, four of opium, and six of camphor, divided into three portions, one to be given every hour. The first, on account of the violence and frequency of the spasms, were given at a half hour interval. A blister to the nucha. At 10 P.M. the improvement was so slight that forty drops of elixir of opium were given, to be followed by twenty more, every two hours, until improvement. After three doses, sleep was induced, and on the morning of August 27th he seemed easy and quiet. No spasm since 2 A.M. Directed Rochelle powder, which brought away dark bilious discharges. In the evening there was a recurrence of the spasms. Three followed each other in rapid succession, and were very violent. Dr. C. had recourse again to elixir of opium, to be used at the discretion of the attendants. No return of spasm, and he was discharged, cured, on the fourth day.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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**BOSTON, NOVEMBER 29, 1855.**

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### ARTIFICIAL LIMBS.

THE perfection attained in the fabrication of artificial limbs, of late years, is truly surprising. Most persons are familiar with Palmer's leg, and its success has been only commensurate with its merits. Many other lost parts are so well supplied by the ingenuity and perseverance of surgeons and mechanics, that it is often not quite easy to detect the counterfeit. The excellent resemblance attained by the artificers of factitious eyes has for some time worthily commended itself to the notice of the community, and particularly to such as have sustained irreparable injury of an organ, whose semblance, even, thus placed within reach, is an inestimable boon.

It would hardly be believed that the hand, that wonderful piece of mechanism so essential at nearly every waking movement, could be so closely imitated as it is, not only in its form and due proportions, but in its prehensile powers also, to a very astonishing extent. Few are aware, until sad experience teaches them, how great a loss they sustain in the destruction even of a single finger; let the hand be taken away, and the injury is far more than five-fold.

We have lately examined some very ingenious specimens of *handiwork* at the store of Dr. J. W. Phelps, 68 Tremont street. They certainly command admiration for their lightness and entire adaptation to their intended uses; the neatness and thorough finish which characterize them; and the apparent durability of the materials composing them. They are, moreover, afforded at very reasonable rates.

The call for these appliances must needs be large in every community. In these days of peril, when even the sight of a train of railway cars is enough to curdle the blood in one's veins, the necessity for repairing the wholesale mangling done by acts of flagrant carelessness has already frightfully increased, and from the fact that the phrase "Dreadful Railroad Disaster" is now *never* absent from our newspapers, the ratio is unlikely to diminish. Those who suffer should, at least, among other "damages," come upon the Corporation for all costs of replacing the legs and arms torn off by their erratic or untended machinery. Should this obtain, the business is likely to be unprecedented.

It was stated to us, while looking at the articles mentioned, that even those, complete as they seemed, were not equal to others made at the same establishment, at somewhat higher cost, and which were already in active daily use. The following expression of opinion in reference to a pair of hands made some time since, was given to the fabricator by the senior editor of this Journal—but with the suggestion, that, as it was a very hastily written notice, it would be better to have another prepared by some one whose time was more at command for a thorough examination of the workmanship referred to. The description, however, is quite sufficient to show what can be done with the “artificial hands.”

“*Artificial Hands.*—In this age of invention, the efforts of ingenious men who have devised substitutes for lost limbs are not only surprising in character, but astonishing, from the fact that feet, legs, arms and hands almost equal the original.

“Dr. Phelps, opposite the Tremont House, has just completed a pair of artificial hands for a gentleman residing in Vermont (who unfortunately lost both of his hands by the bursting of a gun about a year since), which surpass all former efforts in this country in the fabrication of these useful appendages. He holds a pen, writes, handles a knife and fork with proper activity, takes off and puts on his hat, and, in short, performs a circle of necessary actions that could not be accomplished without them. Those who are equally unfortunate, should avail themselves of Dr. Phelps’s ingenuity.”

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#### DEATH OF DR. T. ROMEYN BECK.

It is with sincere regret that we announce the death of Dr. Theodric Romeyn Beck, at Albany, on Monday, the 18th inst. In this event our profession and the community have sustained a severe loss. For many years Dr. Beck has been recognized as one of the highest authorities in the department of Medical Jurisprudence, as is attested by the success of the work which he wrote on that subject, in connection with his brother, the late Dr. John B. Beck, and which passed through five American, one German and four London editions. The subject of insanity occupied a large share of his attention, and much of the improvement in that branch of medicine is to be ascribed to his diligent and successful labors. We shall print, in our next issue, an interesting sketch of the life of this eminent man, taken from the October number of the American Journal of Insanity.

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#### PRIZES OFFERED BY THE AMERICAN MEDICAL ASSOCIATION.

WE call the attention of our readers to the following card of the Committee on Prizes of the American Medical Association, by which it will be seen that all who have devoted themselves to the study of any particular subject in medicine will have an opportunity of competing for a prize, the choice of subjects being entirely unrestricted.

“At a meeting of the American Medical Association, held in Philadelphia, May, 1855, the undersigned were appointed a Committee to receive Voluntary Communications on Medical Subjects, and to award prizes in accordance with the regulations of that body.

“Each communication intended to compete for a prize must be addressed to the chairman of the Committee, at Ann Arbor, Michigan, before March 20th, 1856, and must be accompanied by a sealed packet containing the name of the author, and marked exteriorly by a sentence or motto corresponding with one upon the essay, which packet will not be opened unless the essay belonging to it is successful in obtaining a prize.



"Unsuccessful papers will be returned on application, after the adjournment of the meeting of the Association in Detroit, in May next.

"A. B. Palmer, M.D. (Chairman). S. Denton, M.D. A. R. Terry, M.D. A. Sayer, M.D. S. H. Douglass, M.D. C. L. Ford, M.D. E. Andrews, M.D."

*Libel Case.*—The case of Dr. Ira Barrows, of Pawtucket, vs. Dr. Luther V. Bell, of Somerville, came before the Supreme Court at New Bedford, Mass., on Tuesday, 20th inst. This was an action for an alleged libel in an article written by Dr. B. and published in this Journal March 1, 1854. Many physicians from this city were present as witnesses. After hearing a portion of the evidence the Court ruled against the maintenance of the action, and the case goes to the Law Term on exceptions.

*Medicinal Fluid Extracts.*—We understand that a silver medal has been awarded to Henry Thayer & Co., by the Mechanics' Institute, at the Crystal Palace, New York, for their Medicinal Fluid Extracts. These preparations are fast becoming popular, and this testimonial is well deserved.

*Health of Philadelphia*—Autumnal fevers are very common this year in and about Philadelphia. After a summer of great salubrity, and abundant vegetation, the febrile diseases common to the fall of the leaf are very rife and uncommonly severe. Relapses, also, are usual to the second, third, and even fourth time. It has been remarked that the fruit this season, although plentiful, is not so good as usual. Apples and peaches, particularly the latter, are inferior in this region. The weather, during October and the latter part of September, has been wet and unpleasant, much as it was in the spring.—*Philadelphia Medical and Surgical Journal*.

*Palæontology.*—Dr. Isaac Lea, a distinguished geologist of Philadelphia, has recently published, from the press of the Collins Brothers, a valuable work on the "Fossil Foot-Marks" which he discovered in the lowest beds of the coal formation at Pottsville, in 1849. The work is in large folio, and the plates represent the foot-prints of the oldest reptilian known to palæontologists (See *Lyell's Elements*, Ed. of 1852, p. 340), of their natural size. This important publication is dedicated to the eminent professor, J. C. Warren, of Boston.—*Virginia Med. and Surg. Journal*.

*Communications received.*—Mental Aberration consequent upon Physical Disorder; Philosophy of Purgative Treatment.—Case of Scrofulous Development.—Cases of Acute and Chronic Gastritis.—Psychology of Acute Rheumatism.

*Books and Pamphlets received.*—Transactions of the American Medical Association: Vol. VII. From the Publishers.—Introductory Lecture before the Massachusetts Medical College: By Prof. D. H. Storer.

**MARRIED.**—In this city, 21st inst., George H. Gay, M.D., to Miss Elizabeth Greenough, eldest daughter of Winslow Lewis, M.D.

**DIED.**—At Albany, N. Y., 19th inst., Dr. T. Romeyn Beck, long known as the Principal of the Albany Academy, an eminent man of science, and an honored citizen. His age was 64 yrs.

*Deaths in Boston* for the week ending Saturday noon, Nov. 24th, 73. Males, 30—females, 43. Apoplexy, 1—inflammation of the bowels, 1—consumption, 18—convulsions, 2—croup, 3—dysentery, 2—debility, 1—infantile diseases, 2—puerperal, 1—epilepsy, 1—erysipelas, 1—typhoid fever, 2—scarlet fever, 2—disease of the heart, 5—hæmorrhage of the lungs, 1—intemperance, 2—inflammation of the lungs, 4—measles, 5—old age, 1—pleurisy, 1—poisoned (in endeavoring to procure abortion), 1—premature birth, 1—scalded, 1—sore throat, 1—smallpox, 5—suicide, 1—teething, 5—unknown, 2.

Under 5 years, 32—between 5 and 20 years, 10—between 20 and 40 years, 19—between 40 and 60 years, 8—above 60 years, 4. Born in the United States, 50—Ireland, 18—England, 2—British Provinces, 3.

*Treatment of Chronic Entropium by Collodion.*—Mr. Wm. Butten reports in a late number of the *Lancet* two obstinate cases of entropium, both of which had resisted a great variety of treatment, but which were cured by the application of collodion to the skin of the eyelid, previously corrugated by the thumb and finger. Several layers are successively applied and allowed to dry before the fingers are removed. The application is made at first every other day, and afterwards at longer intervals.

*Porcelain Bougies.*—Dr. Moseley, in a letter to the editor of the *Lancet*, says :—“ During the last twelve months I have been using bougies of finely glazed earthen ware for the treatment of anal strictures, and the results have been so favorable that I think it right to lay them before the profession and the public generally, in the hope to encourage their general use. These bougies are solid, and of graduated sizes from three-eighths of an inch up to one inch in diameter in their thickest part. They pass, when smeared with a liniment made of lard and olive oil, much more smoothly than silver, and are less irritating than even that metal, and particularly than bougies of elastic gum, &c.;—a property I attribute to their extreme smoothness. They can be worn all night in bed, or in the sitting posture, without inconvenience. I have witnessed the most decided advantage from their use in cases of narrowing of the anal passages, and where constipation has seemed to have arisen sympathetically from that cause, as is, I am persuaded, frequently the case.

“ I have endeavored to have bougies made a foot in length, secured against breaking by a stout wire passing throughout their entire length, but have not yet found a workman capable of satisfying my wishes.

“ These bougies pass with surprising ease. After a considerable experience of their advantages, I confidently recommend them to the attention of medical practitioners; and, in the hope of bringing them more speedily into notice, have sent a few to Messrs. Weiss & Son, Strand, who will kindly show them.

“ I have witnessed great advantages result from these bougies in chronic inflamed states of the rectum, when artificially cooled, and changed from time to time, being always smeared as stated. Their cheapness will put them within the reach of the poorest of sufferers, who hitherto have been greatly neglected in cases where a bougie is wanted, as in prolapsus ani, for which they serve admirably.

“ I shall be glad to see observations from some of your numerous correspondents, when these bougies have passed the ordeal of their experience.”

*Dying without Medical Aid.*—Dr. Stark, the superintendent of medical statistics to the Registrar-General, under the new act for the Registration of Births, Marriages and Deaths in Scotland, reports that forty-one out of every hundred of the people who die in Dundee, die without medical attendance. If the figures are correct, the fact is deplorable. The annual number of deaths in Dundee being 1800, more than 700 perish there without medical attendance.—*Lancet*.

*Hunter's Doctrines of Inflammation questioned before the Academy of Medicine of Paris.*—M. Paul Broca, Deputy Professor at the Faculty of Medicine, has lately read a paper before the Academy, in which he strives to show that such pathological phenomena as adhesion, ulceration and gangrene, may take place without any inflammation; and that, carried away by Hunter's views, we allow phlogosis to play a much more important part than is really the case. The author grounds his belief mainly on the fact that *non-vascular* textures, like the cornea, cartilages and ligaments, undergo certain changes, without the agency of inflammation, and attempts to show that the latter is, in ulceration and gangrene, more an *effect* than a *cause*. The paper is unfinished, as the attack upon adhesive inflammation is to be subsequently made; but we are bound to say that, so far as it has gone, it is full of sound views, good reasoning, and conclusive facts.—*Ibid*.

*Medical Schools in Philadelphia.*—The colleges in our city have now fairly begun the winter sessions. The number of students appears to be about the average of the last four years. We do not think that any great increase in their numbers has taken place for that period of time. The distribution, also, is about as usual. The Philadelphia College, however, more than doubles its last winter's class, and as the stock brokers say, “ the tendency is upward.”—*Phil. Med. and Surg. Jour*.



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## MENTAL ABERRATION CONSEQUENT UPON PHYSICAL DISORDER.— THE PHILOSOPHY OF PURGATIVE TREATMENT.

BY WOODBRIDGE STRONG, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Miss ———, an unmarried lady, about 19 years of age, had never enjoyed robust health; in her early life she had enlarged tonsils, was pigeon-breasted, and decidedly of a scrofulous diathesis. She had always been of a costive habit and subject to periodical headache, occurring as often as once or twice a week, sometimes, or oftener, for the last three or four years, when she began to lose her usual health; her appetite, always capricious, grew more so; she became dyspeptic; many kinds of food disturbed her stomach and gave her pain. Her menstruation, regular as to periods, was painful, and insufficient in quantity at first; became more and more scanty, until it was nearly colorless; she lost her flesh, and her friends feared that she was “going into a decline.” Two years ago, she had a series of boils, and also whitlows upon her fingers, for which a physician was called in, who continued to attend her, at first with longer intervals, but for the last year, owing to her continually failing health, more regularly and frequently.

When I first saw her, she was very feeble, unable to make any considerable exertion, or to pursue any occupation; listless and discouraged; much of her time on her bed, from weakness; her pulse about 70 per minute, very feeble and small, but regular; the veins very small, and scarcely to be seen; skin pale, exsanguine, delicate, with a decidedly yellow tinge. She was emaciated, her muscles flabby; the tongue was large, œdematous, and furred, especially about its roots; her lungs healthy, with the exception of a slight catarrh. She was very costive, her bowels only moved by medicine, and that only two or three times a week, and this “because she ate so little, and was weakened by the operation of cathartics;” these, by the way, were usually neutral salts, which are always bad, being both insufficient, and for the most part bringing away watery dejections, which always weaken the system. She loathed food, had nausea; her abdomen was small, shrunken and tender on pressure over

the track of the colon ; she had spinal irritation, and the two last vertebræ of the neck were unusually prominent, and their spinous processes felt swollen, creating a sort of tumor about two inches wide and two and a half to three inches long ; this was tender, and hard to the touch. The left side, leg and arm were numb, and more feeble than the right. She was at times subject to cramps. Under her previous medical attendant, she had taken tonics and stimulants freely, had been under a strict and careful diet, but all without benefit ; or rather tonics and stimulants aggravated her complaints, as they usually do while the bowels are deranged. It was evident that she was suffering under a vitiated condition of system, the result of her previous costive habit, and such as is only to be relieved by a well-regulated and judicious course of cathartic medicine, properly chosen.

She was first directed to take an emetico-cathartic, which operated gently upward, but, as a cathartic, copiously, and brought away a very large quantity of very dark and extremely offensive fæcal matter ; and inasmuch as the errors of no bad habit are to be counteracted by one good act, no more are the bad effects of a costive habit of a few months to be counteracted by a single cathartic, not to speak of the habit of a whole life. She was therefore put upon a course of aloetic cathartics, to be used every night, with occasional intervals, so as to obtain from two to four dejections each day, the dejections to be carefully watched, and, so long as they were fæcal, to be allowed to go on, whatever their number or amount ; if attended with much pain, this to be relieved by opium or spirit with hot water ; but as soon as they become watery (and there always is a tendency to such stools in this class of cases), then they were to be stayed at once, but the cathartic to be continued, or exchanged for a different one, until the dejections should become and continue fæcal ; for no benefit will be realized until then, a matter often of no inconsiderable difficulty in these cases, as the mucous membrane of the bowels is usually irritable, and easily excited to secrete watery fluids, which always weakens the patient.

This course was to be continued, until the dejections should become healthy in color and in odor, be the time longer or shorter. She also took tonics and stimulants, as wine, brandy, &c., at stated intervals, or whenever she needed it and a feeling of prostration required it, and a Dover's powder at night ; or, as already said, whenever, in consequence of pain, she needed an opiate. From the first, her food was left to her choice, when not manifestly unreasonable ; fresh meat, plainly cooked, was preferred, with stale bread and such vegetables as she most relished and which agreed best with the stomach. I have never seen any benefit derived, in chronic diseases, from diet, and therefore always leave that matter to the patient and his friends, with a few general directions—preferring always, in such cases, a nourishing diet and such as is well borne, and of this the patient is usually the best judge. This course was pursued for about three months, the patient taking a cathartic every



night, with a few exceptions, and having from two to four dejections each day; requiring so long a time to fulfil the indications, being always guided by the character of the dejections. Her appetite slowly improved after the first few days, until at the end of two weeks it was decidedly better than it had been for a long time before, and her food sat well on her stomach, although not so decidedly, nor was the general re-action so marked, as is usually observed after such a course of treatment. This might be owing to the swelling upon the neck already spoken of, which evidently pressed upon the spinal cord; to this irritants and blisters were constantly applied, as she was able to bear them. By this course there was a gradual but slow amendment of all the symptoms. At the end of three months, when everything promised well, she became melancholic, refused to gratify her appetite, saying that it was "a sin for her to eat," that she had "committed the unpardonable sin," and she had no right to eat; and thus she evidently resisted a strong appetite, as long as her feelings and the entreaties of her mother and friends would permit her. In this way she continued several weeks, from four to six, sometimes taking a very little food every day, sometimes once in two or three days. Her attendant was directed to give her whatever food she could be persuaded to take, as well as stimulants; free discharges were produced by cathartics whenever she needed them, but they were not often demanded, as the bowels had become much more soluble; for there is no greater error than to suppose that with medicine thus used, the bowels *require more to move them*. So far otherwise is the fact, that there is no way so sure of breaking up a costive habit; for I have invariably found that although one or two doses of cathartics, badly chosen, may increase a costive habit, the continued employment of properly selected medicines has always an opposite tendency; breaking up the most obstinate habits of this kind.

My patient emaciated apace, and it was feared that she would die of voluntary starvation. At the time when peaches were ripe, she was persuaded to eat as many as she would, and on one day she ate nine large ones without any injury; but overhearing some injudicious remarks, made in reference to this, she utterly refused to take any more although extremely fond of them, saying it was wicked for her to do it, and resolutely rejected all other kinds of nourishment. About this time, her mind gave way entirely; she became wholly deranged; her scruples about food vanished, and she ate voraciously whatever was put into her mouth. Her derangement was idiotic, or rather infantile, in its nature; she seemed to have forgotten everything she ever knew, even the way to her mouth. Although strong enough to eat, when her food was before her it was left untouched, except when it was put into her mouth. Sometimes she required to be told to chew her food; she asked for nothing, was perfectly passive. She had previously been taciturn; she now became more talkative, but her ideas and expressions were those of a child of from two to three years old. Of this sort was

all she said to her parents and to her friends. Her amusements, also, were those of a child ; she would occupy herself for hours in playing with dolls, talking to them as a child talks. She was, literally, in a second childhood as it were, and her present recollections of this space of time are that she fully believed herself a child. With this state of mind she became fleshy, beyond what she had been before ; her health and strength increased ; she was able to go anywhere and do anything which she was told to do, but she required constant supervision, and to be directed in everything. In a month or two she came out of this infantile state, became less talkative, and would listen to what was said like one amazed and make no reply, or only occasionally, and then in monosyllables. Her friends lost nearly all hope, fearing she would be permanently idiotic, but, believing that her mental imbecility was occasioned by want of sufficient nourishment of the brain, I encouraged them to hope that when that organ had fully recovered from the shock it had received from such inanition, her mind would return and be as before. The mind gradually and slowly, but fully, recovered itself ; the swelling of the neck had gone previously. At the end of about four or five months her mind was wholly restored ; and now, at the end of eighteen months, she is in better health than ever before. She was under treatment something less than seven months. After the recovery of her bodily health, she was left to the moral influences which might surround her for the rest. Most evidently, she owed her recovery from her morbid melancholy to the previous treatment which had brought her *physique* into good condition, and had it come on earlier, and before this was accomplished, she probably would have died, as the following case will tend to prove.

I was called to see a gentleman, between 60 and 70 years of age, with retention of urine. As various means had been previously tried, the catheter was immediately and readily introduced, and to the entire relief of the patient. On a subsequent examination, the prostate gland was found enlarged to four or five times its ordinary size, and was tender on pressure. The difficulty of passing the urine had been coming on for two years or more, but up to this time, although with increasing trouble, he had succeeded in passing his urine ; this was the first time it had been drawn off ; and as his business called him to ride, which in times past he did on horseback (he practised in the country), he had now for some time been compelled to ride in a chaise, with a cushion so arranged as to take off the pressure from the perinæum.

Further examination showed that his general health was much deranged. His skin was sallow ; the eyes were yellow ; the tongue large, œdematous and furred, especially about its base ; there was a bad taste in his mouth, with offensive breath and secretions ; he was dyspeptic, had but little appetite, and that irregular ; was particular in respect to his diet, many kinds of food giving him pain. He was troubled with flatulence ; the abdomen was tympanitic and tender over the track of the colon. He had suffered from de-



rangement of the bowels for several years past, and his health had been gradually failing. His urine was irregular; sometimes containing copious sediment, and at other times limpid, and he was called upon to pass it frequently. He was directed to use, and taught to pass, the catheter, at least three times a day, or oftener if necessary. His lungs were healthy, and all the other organs only functionally disordered. It was evident that he was suffering under the effects of a costive habit, and the indication was, to relieve the system of the accumulations consequent upon it, not only such as were in the bowels, but such as were diffused throughout the system; for the bowels being the principal emunctory for all the waste of the body, when they fail to do their duty, like delay occurs in all the excretories which enter into them. In this way the system, in all its parts, becomes after no long time loaded with excrementitious matters, causing a failure of health and taking away, in the same proportion, the power of reaction, our only reliance for recovery from local disease, and in truth all other disease. If permitted to go on, in youth or age, this is a fertile cause of death, aggravating, in proportion to its intensity, all acute diseases, whether spontaneous, contagious, or arising from accident—in accidents often causing the injured persons to die from slight causes, and in all cases, when present, giving intensity to every diseased condition. It is no uncommon cause of *sudden* death, and also one of the prolific sources of chronic disease and of that failure of health which often comes on, about, or soon after, the middle period of life. In truth, it may cause almost any discomfort that flesh is heir to. Such a state of the system, unrelieved, has no “self-limit” but death. It may be relieved by the do-nothing or “palliative” treatment, but it will recur again and again in the same or some other form; for it readily chimes in with any form of disease which may invade the system, but in every revival of disease it grows more intense, until death closes the scene.

A radical cure can only come through the same organs by whose defective action it has been induced; in other words, by cathartics well chosen, and perseveringly administered, until the offending materials are removed; and this cannot be effected by a few doses, even of well-directed medicine. It is an error to suppose that the fault of years, or it may be, of an entire life, can be remedied by a few doses of medicine; the course must be pursued until the whole trouble is removed, and this may require months. There is a relation between the length of time that this condition of the system has continued and the time required to cure it; and this can only happen when the remedies have been well directed; empirically directed they never cure, except by accident.

This condition of system is not well understood either by the regular or irregular practitioner, but is constantly overlooked; and hence arises the vast amount of unrelieved, incurable disease, that affects the community. Medicine, always empirical, has been growing more and more inefficient, until it has at last culminated in

homœopathy, the legitimate result of the doctrines held and acted upon by the profession. Medicine is never useful, except when it relieves the system from an offending cause. It has no power beyond this ; and the recovery comes through the *re-action of the system*. There is no mysterious influence exerted by medicine in curing disease, so that the only rational method is that in which the medication is a fair deduction from the actual condition of the system ; and whoever prescribes medicine without previously making out such an indication, whether because he cannot, or will not, is so far an empiric.

[To be continued.]

#### THE LATE DR. T. ROMEYN BECK.

[From the American Journal of Insanity for October, 1855.]

INTIMATELY connected with the later history of nearly every department of scientific literature, in this State, is the name beneath which we are writing. It is not our purpose, even did space permit, to follow the subject of this brief sketch through the many fields enriched by his labors, but simply to speak of his connection with the specialty to which this journal is more particularly devoted. Although his mind seems to have been directed to the subject of insanity upon the very threshold of his professional studies, it has received but a small share of his attention—sufficient, however, to have contributed largely to its literature and progress in this country.

Dr. Theodrie Romeyn Beck was born at Schenectady, New York, August 11th, 1791. His grandfather, Rev. Derick Romeyn, a distinguished scholar of his day, was a professor of theology in the school of the Reformed Dutch Church, and one of the founders of Union College. By the death of Dr. Beck's father, his early care and education, and that of his four brothers, devolved upon their widowed mother. In the brilliant future and distinguished usefulness of her youthful charge we see the fruit of the piety, intelligence and energy of this truly excellent woman ; and as the reward of all her care, we find her, in advancing years, the honored mother of one of the most talented families in the State.

Of these five sons, two died early—one a lawyer of great promise, at St. Louis, and another, Nicholas F., who deceased while holding the office of Adjutant General under De Witt Clinton. Of the surviving brothers, Dr. John B. Beck, the distinguished author and physician, was for many years Professor of Materia Medica in the College of Physicians and Surgeons of New York, and died in that city in 1851. The remaining brother, Lewis C. Beck, was no less eminent, and at the time of his decease, two years since, was Professor of Chemistry in the Albany Medical College, and occupied the same chair in Rutgers's College, New Jersey. To the general as well as professional reader the writings of both these brothers are well known, while the name of the latter is prominently asso-



ciated with the preparation of the "Natural History of the State of New York," to which he contributed a valuable volume.

Dr. T. Romeyn Beck acquired the rudiments of his education in the Grammar School at Schenectady, under the more immediate supervision of his grandfather, and was graduated at Union College in 1807. Making choice of medicine as a profession, he soon after commenced his studies with Drs. McClelland and Low, at Albany; but, induced by the superior advantages offered in the city of New York, he subsequently proceeded thither, and entered the office of Dr. David Hosack. He attended the lectures of the College of Physicians and Surgeons, then recently established, and received from that institution, in 1811, the degree of Doctor in Medicine, on which occasion he presented an inaugural thesis on the subject of Insanity.

This dissertation was immediately published, and received much merited attention. Although written at a time when but few in this country had devoted themselves particularly to the study of insanity, it exhibits, on the part of its author, a full appreciation of the importance of the subject, and a very intimate acquaintance with its literature. It is now out of print, the limited edition published soon finding its way into the hands of permanent possessors. The pamphlet contains thirty-four closely printed pages, and is inscribed to his uncle, Dr. John B. Romeyn, and Dr. David Hosack, and presented to his early preceptors, Drs. Low and McClelland, "as the first fruits of an education commenced under their care." After an introduction, with a brief detail of earlier investigations, and the various theories advanced by older writers to account for the phenomena of diseased mental action, follows a condensed history of the disease, its symptomatology, etiology, pathology, prognosis and treatment. In subsequent pages the medical jurisprudence of insanity is considered, in reference both to the security of the public and the proper treatment of the patient.

This little volume, from the pen of "one whose opportunities of viewing the disease had been scanty, and whose information was derived principally from books," exhibits an intimate acquaintance with the literature of the subject, and the then only partially acknowledged wants of the insane, alike creditable to his character as a scholar and to his correct judgment.

Soon after his graduation he returned to the city of Albany, opened an office, and commenced the practice of his profession. His cultivated taste and studious habits soon brought him into intimate relation with scientific men of his day; and as early as 1813 we find his name upon the list of Counsellors of the "Society for the Promotion of Useful Arts," in connection with that of De Witt Clinton and others equally eminent. This association at that time held a high rank in the scientific world, and had enrolled upon its list of membership some of the most honored names in the State. It was a re-incorporation of the old "Society for the Promotion of Agriculture, Arts and Manufactures." Among his

earlier and most successful efforts in this new and honorable field is the annual address, delivered by appointment before the society, at the Capitol, in the city of Albany, on the 3d of February, 1813. This production was more particularly directed to the public, the object being the more perfect development of the mineral resources of our country, or, as is stated in the preface, to exhibit at one view the mineral riches of the United States, with their various application to the arts, and to demonstrate the practicability of the increase of different manufactures whose materials are derived from this source. It was well calculated to awaken an increased interest in this important matter, and was received with great favor throughout the Union.

In 1815 Dr. Beck was appointed Professor of the Institutes of Medicine, and Lecturer on Medical Jurisprudence, in the College of Physicians and Surgeons of the Western District of New York, an institution then in the third year of its existence. The proximity of the College to the city of Albany enabled him to discharge his professorial duties, and at the same time retain his medical practice, which he continued to do for some time.

Notwithstanding his many arduous duties, his interest in the progress of scientific investigation seems to have been unabated, and in the spring of 1819 he read before the Society for the Promotion of Useful Arts a most elaborate paper on Alum, which will be found printed with the transactions of the association. A short time previous he found his strength unequal to the laborious duties of his profession; and, on account of his apprehension of ill health, and, perhaps, in indulgence of his increasing taste for literary pursuits, he abandoned the general practice of medicine entirely, and, in 1817, was appointed Principal of the Albany Academy, an institution collegiate in character, and occupying a high literary standing. Teaching was especially adapted to his taste; and, under his enlightened management, for more than a quarter of a century, the academy unvaryingly maintained a most elevated rank among similar institutions. Notwithstanding his connection as Principal with the Albany Academy, he seems to have retained his professorship at the College of Physicians and Surgeons, and, in 1824, delivered an introductory lecture "On the Utility of County Medical Institutions."

In 1829 Dr Beck was elected President of the Medical Society of the State of New York, and, at the meeting of the Society, at Albany, delivered the annual address, on the subject of "Medical Evidence." Continuing in office several years, he pronounced, on similar occasions subsequently, two addresses—one upon "Medical Improvements," and the other upon "Smallpox," all of which will be found in the volume of "Transactions" for the respective years.

Since 1841 he has filled the honorable situation of Secretary to the Board of Regents of the University of New York; and, besides the multiplied duties connected with that position, has had devolv-



ing upon him, as *ex-officio* Secretary to the Trustees of the State Library, a large share of its management. The complete and well-arranged catalogue of the Library, and the interesting and comprehensive reports of the Board of Regents, bear the impress of his untiring application and devotion to the important interests over which that distinguished body presides.

Dr. Beck has always been a man of great and enlightened public spirit, ever ready to countenance and promote whatever tended to secure the highest interest of the community. This spirit and his natural benevolence have enlisted him ardently in the great public charities, either in their establishment and organization, or in the subsequent management of their affairs. His "Statistics of the Deaf and Dumb," read before the Medical Society of the State of New York, was the fruit of this philanthropy, and was most powerful in directing the attention of the public to the wants of this afflicted portion of the community.

Dr. Beck was appointed one of the Managers of the New York State Lunatic Asylum, by the act of its organization, in April, 1842, and has been re-appointed by the Governor and Senate, at the expiration of each successive tri-annual period, until the present time. Upon the death of Mr. Munson, in the spring of 1854, he (although a non-resident member) was unanimously elected President of the Board. The institution has, at all times, had the advantage of his wise counsels, efficient aid, and ardent devotion, and of his presence and immediate co-operation with his associates whenever demanded by matters of unusual or special importance. Here, as well as in all other similar positions, he has ever consulted the highest and most enduring good of the interests committed to his charge, without regard to the prejudices or the more apparent benefits of the hour or the day, or any mere personal claims or advantages. His wisdom and experience, his independence, decision and energy, and his unflinching integrity, have made him a most valuable guardian of all the affairs of this great public charity.

It is, however, with Dr. Beck as a writer, that we have at present especially to do, and we will close this sketch by a notice of his editorial connection with this Journal, and his great work on Medical Jurisprudence.

In April, 1844, the first number of the American Journal of Insanity was issued from the press, occupying an entirely new field in the medical literature of this country. The generous motive which led Dr. Brigham, its founder and first editor, to assume, in addition to his onerous duties as Superintendent of a large asylum, the labor and responsibility of its establishment, is well known to most of our readers. To many of his colleagues and professional friends he was largely indebted for encouragement in his undertaking, and for much valued and gratefully acknowledged assistance; among them, Dr. Beck, who, deeply interested in the attainment of the ends at which the Journal aimed, warmly seconded his efforts, and, among other engagements, found sufficient time to contribute fre-

quently and ably to its pages. After Dr. Brigham's death, the Managers of the State Lunatic Asylum, aware of the importance, to any specialty, of a periodical devoted to its advancement and interest, assumed the entire responsibility of its publication, and, by their unanimous request, induced Dr. Beck to edit the ensuing volume. He gave his consent, hoping at the close of the year to be relieved of a care which, with his other numerous duties, was a heavy tax; but, in the absence of any other arrangement, he continued to conduct it until the close of the last volume, when "advancing years and more imperative duties" compelled him to relinquish his editorial connection.

In the theme of his inaugural dissertation at the Medical College, and in the subject of many of his literary efforts, we perceive how early and closely his attention has been drawn to insanity and its legal relations. From a knowledge of his character, it is very natural to suppose that this interest was awakened, not only to the intrinsic merit of the subject, but also by the then very general feeling that this department of medical literature was indeed most barren. How well he succeeded in his efforts to supply this deficiency is evidenced by the multiplied editions of his "Medical Jurisprudence" which have already been called for. Since its first issue from the press, in 1823, in two large octavo volumes, of nearly two thousand pages, it has passed through five American, one German and four London editions. The favorable reception of this work in foreign countries, at a time when national feeling in the medical world was stronger than at any previous or subsequent period, shows how completely its merits disarmed every prejudice. Says a bibliographer, in a notice of the German edition: "Among the numerous and unequivocal evidences of the very high estimation in which Dr. Beck's 'Elements of Jurisprudence' are held by the profession in Europe, their translation into the German language must be regarded as the most flattering and decisive indication of their true value. In no country has this interesting and varied science been prosecuted with such unabated zeal, or have so much research and learning been elicited on its several topics, as in Germany. From the time of Zacchias, indeed, to the present day, it has been the favorite object of study with German physicians, and their opinions of the merit of any treatise on the subject are therefore entitled to the highest weight and the most respectful consideration. Proud are we, therefore, to see them prize the performance of our learned countryman so highly as to deem it worthy of transference into their vernacular tongue. In his native language his work is as yet without a parallel."

His labors in this field did not cease with the publication of his great work, but, for many years afterwards, besides the emendation and supervision of subsequent editions, he contributed largely upon the same subject to various medical periodicals. A distinguished writer, in reviewing a copy of the tenth edition, for Hay's American Journal of Medical Science, remarks: "The pages of this



Journal, for years past, have borne constant evidence of the untiring and *invaluable* research of Dr. Beck, whose observations and extracts from foreign and domestic sources have filled that portion of it devoted to medical jurisprudence; and the writer of the present notice bears his testimony to the same effect; for, having taken much interest in the subject, and consequently had occasion to examine the journals, he found it impossible to furnish a single novelty in this department in which he had not been anticipated by Dr. Beck." In both the medical and legal periodicals of the day there have, from time to time, with successive editions of his work, appeared many and varied notices and reviews—flattering evidence of its merit, and the high estimation of both professions. From some of these it would give us pleasure to extract; but the work has already received the stamp of worth, has taken its place as high authority, and acquired for itself and its author a most extended reputation.

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### Hospital Reports.

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#### MASSACHUSETTS GENERAL HOSPITAL.

*Case of Obscure Nervous Disease.* (Reported by Mr. JAMES C. WHITE, Medical House Pupil.)

Oct. 4th. F. B., a German, entered ward seven under care of Dr. Jackson. Baker by trade. No family predisposition to paralysis. Healthy till two months ago, when he noticed a gradually increasing inability to raise his upper eyelids. Eighteen years previously he had a similar affection of the left eye with slight affection of the limbs, lasting about three months, but does not know whether or not with any subsequent affection of the eyes. No trouble in meanwhile. Five weeks since he noticed a want of power over the left arm, and at the end of a week all his limbs were similarly affected, also the lower jaw and tongue. Bad taste in mouth, oppression, with rising of food, but no nausea for last two months. Constipation also during sickness. Gave up work five weeks ago, but has not been confined to bed. Has continued in present condition for the last three weeks. Never had any convulsions or loss of consciousness; knows no cause for the present trouble. A thorough investigation was subsequently made as to the possibility of lead poisoning, but no evidence to support this could be obtained. Had been taking strychnia three or four weeks previously to entrance.

Now sitting up. Can walk steadily, but slowly and with short steps. Eyes have a heavy look, from inability to raise the lids more than half way. All facial muscles seem affected, so that he has a vacant expression; also muscles of mastication and deglutition. Cannot separate jaws farther than half an inch, and speaks with slow utterance. Says that his tongue gets tired after much conversation, and is usually numb. Can raise both arms on a level with the clavicles, but no further. Motion in all joints stiff, and it seems as if the whole system were under the influence of some narcotic. Feels fatigued after the slightest exertion. Recti muscles of orbits also palsied. Special senses of sight and hearing impaired; taste not

affected. Sensibility of surface but slightly, if at all diminished. No relaxation of the sphincters, nor apparent difference in sides. Contractile power of flexors of fore arms weak. Complaints of frontal headache with vertigo when out of doors; also of weakness and sensation of cold. Appetite moderate. Sleeps little. Skin of natural temperature. Tongue covered with white coat. Pulse 86. Such was his condition at entrance. He was limited to vegetable diet, and a seton passed through back of neck. After this he had no return of headache.

No change was noticed till 12th, when pupils were largely dilated, but contracted easily under influence of light. There was more motion also of eyeballs.

16th.—Less power was noticed in the arms, and electricity was ordered daily to spine and limbs.

22d.—Continued to lose power of motion in upper and lower extremities. Grasped very feebly, indeed with hardly enough power to crumple a piece of paper in the palm. Walked about, however, as on entrance. Dysphagia much increased, and sometimes it is impossible to satisfy his appetite. Pulse 102.

On 24th, complained of sense of weakness along spine, mostly about midway, and increased within a day or two. It is felt on exercise; when at rest he has no pain. Feet and hands cold. Head warm and flushed.

November 4th, came under care of Dr. Bowditch. Rose with great difficulty from his chair. His gait is very trembling. Strychnia (gr. one-twelfth) was ordered three times daily. On 7th he had increased weakness. Walking half across the room produced dyspnœa, with pain in the middle of the dorsal vertebræ, shooting sometimes along the whole length of the spine. No local prominence or tenderness, however, was observed on examination. He was unable to turn in bed, and while lying on his back could raise either knee, but not both at once. Dysphagia increased; fluids occasionally returned through the nose; this and all other symptoms were aggravated towards the close of the day, as if the nervous power were completely exhausted at that time. At 8 P.M. was found very feeble. Extremities cold and moist. Respiration very slow and labored. Eyes had a peculiar, wild expression. Voice almost inaudible. Hot applications and stimulants were used freely during the night; but the state of collapse continued till morning, when he was ordered ferri. carb.  $\mathfrak{z}$ i. three times daily, and brandy  $\mathfrak{z}$ i. every hour. Strychnia omitted. Next day rather less feeble and much more easy. Countenance dull, and eyes suffused. Iron increased to  $\mathfrak{z}$ ss.

10th.—Had a more comfortable day. He was able to walk without assistance, and could swallow with more ease, but in the evening, after conversing with friends, he had a similar paroxysm to that on 7th, lasting two or three minutes.

On the morning of the 11th he was better than for a week past, but at 5 P.M. the house physician was called up to see him. While eating he had been seized with dysphagia and cough, followed by great dyspnœa and violent striving for breath, lasting about five minutes. During the paroxysm respiratory murmur was very feeble, and the sounds of the heart indistinct. At the same time he seemed unable to speak, and was much troubled with flatulence. In an hour or two he became quite calm again.

On 12th spoke only in a whisper. Had taken brandy  $\mathfrak{z}$ ix. Iron was increased to  $\mathfrak{z}$ iss. three times daily.

On 13th he was again able to walk without assistance. There was much



less falling of the lids, and the eyes moved much more freely than on entrance. Sounds of respiration and of heart normal.

16th.—Still more feeble. Able to sit up for a short time, but unable to raise himself from chair. When asked to sit down he fell back without any controlling power. He could not support his head, which tended to fall forwards.

18th.—From this time till his removal, he was confined to the bed, lying on his back, and unable to raise himself or to turn to either side. He had very slight motion of any limb, and was obliged to be fed by the nurse. He became almost helpless, and could swallow only liquids, and those in very small quantities only, and with great difficulty. The speech became hardly audible, and every syllable seemed jerked out by great exertion. His mind for the first time seemed somewhat bewildered, and his temper became irritable and impatient.

On 21st he manifested a great desire to return home. He was extremely feeble. The respiration was very faint, and accompanied with almost continual, but ineffectual attempts to cough. Sinapisms were applied to chest. At 7 P.M. respiration was very feeble. He was unable to swallow anything, or to speak. He anticipated speedy dissolution, and wished to see his clergyman. He remained in the same state all night, but revived somewhat in the morning, when he was removed by his friends, who were unwilling that he should die in the hospital.

He died on the 26th, and a partial examination of the body was made by his attending physician, Dr. Allen. Subsequently, through his kindness, an examination of the brain and medulla oblongata was made by Dr. Ellis. Nothing, however, was found to explain in the least the peculiar train of symptoms above recorded, which certainly pointed to some lesion of the base of the brain. Unfortunately no examination of the spinal marrow could be made, under the circumstances, so that the possibility of some reflex influence in the case is still uncertain. The brain was much congested, and the substance of the superior lobes unusually firm. All the other organs of body were normal, with the exception of cadaveric softening of the stomach.

### Bibliographical Notices.

*A Treatise on Medical Jurisprudence.* By FRANCIS WHARTON, Author of "A Treatise on American Criminal Law," "Precedents of Indictments," &c. And MORETON STILLE, M.D., Lecturer on the Principles and Practice of Medicine in the Philadelphia Association for Medical Instruction. Philadelphia: Hay & Brother. 1855. Pp. 815.

THE work before us was undertaken upon a plan than which we can conceive none better to insure the fullest success. Confessedly of the very highest importance, the study of Medical Jurisprudence hardly receives that attention from members of the medical profession generally, which it both demands and fully rewards. On the occurrence of criminal or other legal processes, to which he may be summoned as a witness, the practitioner furbishes up his half-forgotten knowledge by a hasty plunge into one or another treatise, at random, and finds himself on the stand, too frequently unprepared for the ruthless cross-fire of the examining counsel. The position is truly one most undesirable even under the pleasantest circumstances,

and when best armed with self-possession and information ; when exposed to the caprice of such barristers as notoriously forget the gentleman in the attempt to be caustic, astute, witty and overwhelming, we can imagine no more trying situation for a sensitive man, unused to such inflictions. A little study, now and then, of any of the excellent treatises upon Legal Medicine, will put one in possession of much information not easily forgotten, and which will do good service if unexpectedly called upon to testify in a court of justice. Physicians and surgeons, moreover (especially the latter), are constantly liable to such a summons, and must obey it when it comes ; and, although the general knowledge of their profession must be their main reliance at such times, no one will question their better preparation if they take occasion to render themselves familiar with a portion, at least, of the vast array of facts, evidence, peculiar histories and results of the legal investigations of the numerous and varied cases now on record.

We confess to a decided partiality for this sort of writing. The singular circumstances ; the wonderful concatenation, unravelling and final application of slowly accumulated evidence ; the careful balancing thereof ; the sources whence it is derived ; the beacons it sets up along the path of justice ; the terrible lessons it teaches, alike of human weakness and malice, and of their merited retribution, have a fascination for every reader, while the advocate and the medical man most vividly feel their force and value.

That this branch of study is more cultivated than it was, even a few years since, is a matter of congratulation. Most medical colleges have either a separate course of lectures devoted to the subject, or its main points are incorporated into some other course. We remember, some ten years since, being one morning called upon by a law-officer for the loan of "*Beck's Medical Jurisprudence*"; he said that he had already applied to six or seven physicians for a copy, but none of them had it :—no more had we, *then*, but it stood on our shelves soon after ! Doubtless he was unfortunate in not at once going to fuller libraries, but the fact proves that very few, *comparatively*, have any work on legal medicine at their immediate command.

We adverted to the excellence of the plan on which the authors have constructed their admirable work. Wisely deciding that on medico-legal subjects particularly, "two heads were better than one," it was by the combination of their forces that so complete and valuable a collection of facts and opinions has been made. Foreign and domestic information is largely accumulated and carefully collated. From the Preface we learn that "the two points which were mainly before the authors of the treatise when they entered upon its preparation, and the hope of reaching which formed their chief inducement in approaching a topic which has already been in other respects so ably and fully discussed elsewhere, were first, the incorporation in its pages of the results of late continental, and particularly French and German research ; and secondly, the bringing together stereoscopically—if the metaphor can be permitted—of the legal and medical points of vision, so that the information required by each profession might be collected and viewed at the same time and within the same compass."

The above sufficiently expresses the character of the work ; no mere notice can convey any other than a very inadequate idea of the amount of patient labor which has been given to a task whose execution involved so wide a range of research, such judgment in selection, such accuracy in reporting. All these qualities have been brought into action, and the result is one which may well be a source of pride to the surviving author and to the friends of his lamented coadjutor.



Mr. Wharton's labors in his profession are too well known to require more than mention at our hands; the works on "American Criminal Law," on the "Precedents of Indictments and Pleas," "On the American Law of Homicide," and the "Law Dictionary," hold an enviable place in the estimation of his brethren, and have already far outstripped any eulogy that we, unlearned in the law, could indite.

While it is utterly impossible to refer to many of the topics examined in this volume, we cannot but allude with satisfaction to the fact that an opinion expressed by the Editors of this Journal in respect to the case of Dr. Beale, the dentist, has received confirmation from our authors. That the acquisition of the most important medical evidence should have been neglected in this case, was too palpable an injustice to escape any observing mind, and we honor the manliness that denounces a condemnation founded upon testimony which lacked an essential confirmation that was not even sought; whose corner-stone therefore was never laid. Without pretending to pronounce, finally, upon the case, the merest tyro sees the flaw.

It is with pleasure, also, that we notice frequent references to reports and opinions embodied in the printed transactions of the "Boston Society for Medical Improvement;" an additional evidence, were any needed, of the invaluable information constantly being accumulated by a zealous association occupied in medical and surgical investigation and observation.

To him whose hand was paralyzed by death just as it had traced the last lines of this his latest and most carefully-executed literary work, his friend and fellow-laborer has already raised a monument, in the affectionate and touching tribute he pays, in the Preface, to his worth and memory. Like many whose genius and ability seem so eminently precious and fitted to shine long, and serve well, his lamp went out suddenly, and for those who knew and loved him, "the night is darker than before." Unacquainted personally with Dr. Moreton Stillé, we have long known him well by reputation, and also by the fragrance of those private virtues which, unwittingly, it may be, to their possessor, steals out upon the common atmosphere of life, and blesses those who meet it on their way.

His daily life best spake his praise.

Some time since, we were expecting from a friend, a biographical sketch of the deceased, but circumstances prevented its preparation; and although this is not quite the place for them, nor ours the pen for so delicate a task, the few words we append to our notice are, in this connection, at least admissible.

The volume is very handsomely issued in the usual legal dress; the typography is excellent, and the whole mechanical execution worthy of the matter it sets forth. Received from the publishers, through Messrs. Sanborn, Carter & Bazin, Cornhill, Boston, who have the work for sale.

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*Physiological Chemistry.* By Professor C. G. Lehmann. Translated from the Second Edition by GEORGE E. DAY, M.D., F.R.S., Fellow of the Royal College of Physicians, Edinburgh, &c. Edited by R. E. ROGERS, M.D., Professor of Chemistry in the Medical Department of the University of Pennsylvania. With Illustrations selected from Funke's Atlas of Physiological Chemistry, and an Appendix of Plates. Complete in two volumes. Philadelphia: Blanchard & Lea. 1855. Vol. I. pp. 648; Vol. II. 547—1195.

ALREADY well known and appreciated by the scientific world, Professor Lehmann's great work requires no laudatory sentences, as, under a new

garb, it is now presented to us. The little space at our command would ill suffice to set forth even a small portion of its excellences. To all whose studies or professional duties render the revelations of Physiological Chemistry at once interesting and essential, these volumes will be indispensable.

Highly complimented by European reviewers, sought for with avidity by scholars of every nation, and admirably written throughout, it is sure to win a welcome and to be thoroughly studied.

The author, in his "Methodological Introduction," with a manly frankness sets forth the causes of certain important errors which have much impaired the usefulness of chemistry as connected with physiology and medicine. He states "three different directions" as in his opinion occasioning these mistakes. "In the first place, too little attention has been directed to the laws of a true natural philosophy, whose simplest rules have in many cases been wholly disregarded; in the next place, the necessary causal connection existing between chemistry and physiology, as well as between histology and pathological anatomy, has been too often entirely neglected; and lastly, much misconception has arisen from the assumption that chemistry afforded a satisfactory solution to many questions which it is wholly incompetent to answer, or which must at all events remain undecided in the present state of our knowledge."—(*Loc. cit.*, pp. 18, 19.)

It is difficult, in the midst of such a vast accumulation of facts and theories as throng the medical literature of the day, not to be biassed strongly, in one direction or another. The great danger, for practitioners, would seem to be the too entire regulation of their active interference or of their non-interference by their preconceived or dogmatically-announced opinions, insufficiently tested. That knowledge and tact, however, which through the influence of thorough education and experience can act alike promptly and well, is what the working physician needs; for him, the *facies* of various diseases, while it is a more constant element of diagnosis than the crucible or the microscope, is also more really necessary and available. But what a resource have those whose fully-occupied time barely allows them a few moments, daily, for reference to the great discoveries of others, in the information furnished them by such a practical writer as Lehmann? Here is something to be relied upon—light to clear up obscure symptoms, facts to be obtained in no other way. May *such* books "increase and multiply."

To prove the stability of the foundation upon which our author's labors rest, we need only refer to his own declaration, that, "as the censure, which has more or less justly been thrown on the writers on physiological chemistry, may be traced to ignorance or neglect of the kindred branches of science, the author has endeavored to fit himself for the task of critically reviewing the labors of others, by acquainting himself, through personal observation and experience, with the grounds on which these departments of science are based."—(*Author's Preface*, p. vii.)

The American editor, Professor Rogers, appropriately acknowledges the instrumentality of the "Cavendish Society" in first bringing out an English version of the work by the able translator, Dr. G. E. Day, of London. We are all the more pleased to see this full acknowledgment respecting the re-print, because in certain other instances all reference to such facts has been carefully ignored by the editors, both upon the title-pages and in the prefaces;—if we re-print without asking "with your leave, gentlemen," we are bound to state the facts as to paternity, &c.

The alterations modestly announced by Dr. Rogers, have, we think, been judiciously and efficiently made, and add materially to the value of the



book. By his hand, the matter contained in an "Appendix" in the English edition, is, in these volumes, "interpolated in the proper places," and we observe that a selection of illustrations has been made from the beautiful Atlas of Dr. Otto Funke, which "it is hoped will be found of service as a guide to the student of medical microscopy, in his examination of the substances to which they refer."—(*Preface of the American Editor.*)

We concur entirely with the editor in thinking that these plates "give additional value to the work." "A number of wood-cuts have been added in a separate form" at the end of the book; these have been taken from various treatises on allied subjects, and will be exceedingly useful in elucidating the subjects so admirably treated in the text.

The publishers give us the volumes in a very creditable style; the typography is clear and upon good paper; we have, moreover, thus far, failed to remark any typographical errors, such as in too many instances deform valuable reprints and evidently arise from that haste which looks only to the rapidity, not to the beauty, durability or correctness of the publication.

For sale in Boston by Ticknor & Fields.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, DECEMBER 6, 1855.

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### MEANS OF COUNTERACTING THE EFFECTS OF CHLOROFORM.

IN the *Gazette des Hopitaux* of September, we find a notice of a session of the Society of Practical Medicine, containing a report by M. Ferrier upon a communication of M. Ludger Lallemand on the relative value of different agents to neutralize the deadly effects of chloroform.

After detailing the usual phenomena of anæsthesia as exhibited in man and the lower animals, the report continues:

"Among the means of opposing the poisonous effects of chloroform, experimentists have tried inflation of the lungs with pure oxygen and also with atmospheric air, electricity, irritation of the phrenic nerves, and stimulating the pharynx with caustic ammonia.

The success obtained by inflating with oxygen, has been equalled by the happy results obtained by the use of atmospheric air alone; and authors who have tried with success azote, are convinced that the result should be attributed rather to the irritating action of the gas brought into contact with the walls of the bronchial tubes than to any specific effect in the air cells. They have therefore given the preference to inflation with atmospheric air as the most simple, and of sufficiently easy application by means of a gum-elastic tube provided with a mouth piece; which, in experiments with dogs, has been introduced into the larynx, or simply into the back part of the mouth in rabbits. The inflation should always be made to alternate with pressure regularly applied to the chest.

Electricity proposed by MM. Jobert and Abeille has not succeeded in the hands of experimenters. Irritation of the phrenic nerves, suggested by M. Duchenne, of Boulogne, having for its object to restore the regular action of the intercostal muscles, has appeared, on the other hand, to be equally successful with the inflations. The use of caustic ammonia, according to the process of M. J. Galrin, has failed.

Inflation, as the means of bringing to life the subjects of an excessive employment of anæsthetics, has been of no benefit except in the cases where it has been used immediately after the cessation of respiration, rarely after the heart has ceased to beat. It is necessary also that inflation should be continued with perseverance and energy, until the normal and spontaneous movements of respiration are fully established.

It has been remarked, also, that under the influence of anæsthesia the nervous centres and spinal marrow, having become insensible to the touch, are also insensible to the stimulus of the galvanic pile, but the agitation produced by galvanism speedily exhausts the remaining nervous irritability, which very seldom is sufficient to react upon the phrenic nerves to a degree required to establish normal respiration.

Autopsies have also established that chloroform accumulates in the lungs, but particularly in large quantities in the brain, all parts of which disengage a strong odor of this anæsthetic, which seems to prove that this organ is the place of election of the agent, of which the deadly effects are in proportion to the quantity of the vapor respired."

A discussion followed as to the best method of inflating the lungs in the case in question, it being contended that it was a very difficult thing to do; one member suggesting tracheotomy as the only sure method, and another inquiring how it was possible to introduce the sound into the larynx.

"M. Ferrier replied that daily experience proves that inflation is less difficult than it is thought to be, and that air blown in by the nasal passages penetrates to the lungs. To introduce the sound, the instrument having been passed to the upper part of the pharynx, it is easy to raise the glottis and slip it into the larynx."

The conclusions of the report were adopted.

#### LEWIS'S IMPROVED PORTABLE SYRINGE.

THE proprietor of this instrument, Mr. Thomas Lewis, of this city, has sent us a specimen of it, accompanied by a note pointing out its peculiar merits.

Portability, durability, neatness and efficiency are qualities which render any apparatus as nearly perfect as possible, and they are certainly possessed by this. The piston moves admirably, and its action requires hardly any more exertion from the person working it than does that of the elastic bottle attached to certain of these instruments.

There is a great convenience, it is true, in avoiding the use of the pump, as is effected by Dr. Mattson in his arrangement, and the stream of fluid is thrown (or can be) more continuously, but the lasting nature of the metallic chamber and rod, together with the ease of working the latter, are equivalent excellences.

This apparatus is adapted to both rectal and vaginal uses, and a small pipe is added for use in the case of children.

One great advantage claimed by the proprietor and which commends itself at once to the judgment, is the simple construction, and more than that, the lasting nature of the valves. A ball, accurately fitting, supplies the place of the leather or India rubber valves most commonly employed. It is evident that an important object is here attained; the valves cannot get out of order; if, in taking the syringe apart, the ball should accidentally drop, it tells its story as it falls, and is instantly replaced; no renewal is needed, except there be actual loss, when "a common marble, if round, will answer the purpose."



There are many occasions when it is necessary to use a thick, tenacious fluid for injections ; for such purposes, this syringe can have no rival ; with delicate flapping valves, these substances would decidedly interfere, and continual change and repair be demanded. With this simple and efficient arrangement, we can hardly conceive it possible for the instrument to get out of working order. In cases where it is imperative to give nourishing enemata, such as gruel, broths, &c., the above conditions are absolutely essential to success and also to the final integrity of the apparatus.

As a general thing, the more simple the machinery, the easier its use and the more universal its application. Complicated arrangements, while they are far more readily disordered, puzzle the unskilful, and sometimes even foil the accustomed, hand ; their fate is, commonly, to be thrown by in disgust.

Those who need such aids (and there are few who do not, occasionally, at least), cannot do better than to supply themselves with this instrument. Every family should possess effectual artificial means of this description to meet those exigencies to which the sluggishness of nature or disordered health may give rise. Were enemata more used in this country, we could safely dispense with much purgative medicine given by the mouth ; and when this can be done, we are sure that physicians as well as patients will gladly embrace the opportunity.

Printed directions accompany each box which contains the syringe. For travellers it is perfectly adapted, not only from its compactness, but from the ease of cleansing it. It is afforded at the very reasonable price of *three dollars*, and it deserves a large sale. Messrs. Mark Worthley, 166 Washington st., and B. S. Codman & Co., 57 Tremont st., agents for Boston.

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*Entertainment by the Medical Faculty of Harvard University.*—The Medical Faculty of Harvard University gave a very handsome entertainment at the Tremont House on Saturday evening, Nov. 24th. Besides the Medical Class of the present year (a body of very good-looking, intelligent and agreeable young men), we observed a large number of our most distinguished physicians as well as others well known in our neighborhood. The occasion seemed an exceedingly agreeable one to all present, and it must have been a source of gratification to the members of a Faculty who have always striven, not only to afford the highest advantages to those who resort hither for medical instruction, but also to establish that social feeling that tells the student he has in them friends as well as teachers. The large parlors of the "Tremont" were thronged during the evening, and the lively conversation and pleasant greetings in no wise flagged at the supper-table. The present arrangement for a general *re-union*, seems to us an improvement upon the former gatherings in some respects, and must certainly prove more convenient to the hosts. We congratulate both Professors and Students upon the pleasant aspect of the present medical term.

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*Deaths in Boston* for the week ending Saturday noon, Dec. 1st, 65. Males, 42—females, 23. Accidents, 4—apoplexy, 1—inflammation of the bowels, 1—congestion of the bowels, 1—bronchitis, 1—consumption, 12—croup, 1—debility, 1—infantile diseases, 2—exhaustion, 1—erysipelas, 1—typhoid fever, 3—scarlet fever, 1—disease of the hip, 1—disease of the heart, 3—hæmorrhage, 1—disease of the kidneys, 1—inflammation of the lungs, 4—disease of the liver, 1—marasmus, 1—measles, 7—meningitis, 1—palsy, 1—scarlatina, 1—scrofula, 1—smallpox, 3—teething, 1—unknown, 4—whooping cough, 4.

Under 5 years, 29—between 5 and 20 years, 10—between 20 and 40 years, 15—between 40 and 60 years, 8—above 60 years, 3. Born in the United States, 45—Ireland, 14—England, 2—Scotland, 1—British Provinces, 1—Germany, 1.

*Case of Rupture of the Uterus, and Recovery.* By W. W. DUVAL, M.D., of Prince George's County, Maryland.—June 8, 1854, I was called to see ———, who had been in labor twelve hours; but, for four hours previous to my visit, there had been an entire suspension of uterine effort. Upon examination, the shoulder was found presenting. Turning the child, delivery by the feet was resorted to and effected with but little difficulty and delay—the child being dead. The uterus being passive the placenta was retained, and as there was considerable hemorrhage, its extraction was deemed necessary, which was done—it being detached from the uterus, and lying near its mouth. The hemorrhage not ceasing, or abating, so far as to render the patient's condition one of safety, it was thought advisable to introduce the hand to provoke contraction, and upon so doing, I perceived a transverse rent in the walls of the uterus, about three inches above the cervix, anteriorly, through which I could easily pass my index, middle, and ring-finger. The patient being much exhausted, a neat and efficient bandage was applied around the abdomen. She was enjoined to lie upon her back, and opiates and cordials were administered. The lochial flux was excessive for several days, followed by sero-sanguineous, and then purulent discharge, which continued for several weeks, accompanied by irritative fever and diarrhœa. The patient had borne three children previously, and the presumption is that the laceration occurred by the violent and unavailing efforts of the organ under the malpresentation, as there was but slight effort required in turning the child. Since her recovery, she has enjoyed good health, menstruating regularly—having lived absque marito.—*The American Journal of the Medical Sciences.*

*Aneurism of the Superior Palatine Artery.* By M. THIERLINCK.—This surgical curiosity was met with in the case of a man, æt. 74. The tumor occupied the roof of the palate, which bled so frequently that the patient was much exhausted. The tumor was soft, elastic, and pulsated synchronously with the heart, alternately expanding and diminishing. Its cause was unknown, and it had lasted for three weeks. The actual cautery was employed, the slough separated in eight days, the hemorrhage did not recur, and a perfect cure resulted.—*Dublin Hospital Gaz.*, from *Gazette Medicale*.

*New Appointments in the University of Edinburgh.*—The vacancy in the chair of natural history in this institution, arising from the death of Professor Forbes, has been filled by the appointment of Professor Allman, of Trinity College, Dublin. The professorship of the practice of medicine from which the veteran Professor Alison lately retired, has been given to Dr. Laycock, of London, whose appointment seems to meet with general approbation.—*Virginia Medical and Surgical Journal*.

*Longevity of the Negro.*—A letter from Rio Janeiro, in the *Corriere Mercantile* of Genoa, mentions a slave 109 years old, of the name of Francesco Tommassa Da Sala, now living on a plantation a few miles from the capital. He was born in 1747, and had fourteen sons, who became fathers of 160 grand children, from whom sprung 70 great grand children, having, in their turn, up to the present time, produced five children, making a grand total of 249 persons, issued from one stock, still alive.—*lb.*

*Health of Norfolk.*—The *Norfolk Herald* states that that city has again assumed its wonted animation and activity in all its departments of commerce and mechanical industry, giving hopeful assurance of a recuperative energy in its population which will speedily retrieve all the pecuniary losses they may have suffered by the epidemic. Nearly all the absentees have returned, and are going about their business as usual. The few cases of sickness which lingered about the city till recently, were of persons who returned more than a month ago.

Dr. W. J. Holt, a young American surgeon, engaged in the Russian service in the Crimea, is winning golden opinions from the Northern Bear, by the manner in which he is treating his wounded soldiers—and the golden opinions of the Emperor are almost equal to the ready cash.—*Western Journal of Medicine and Surgery.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 20.

## CASES OF ACUTE AND CHRONIC GASTRITIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following are a few cases of acute and chronic gastritis, with their treatment, which have come under my observation. If you deem them worthy, you are at liberty to publish them in the Journal.

June 22d, 1855, I was called to visit C. Raymond, a boy of very delicate constitution, about 11 years of age. His mother said he had been sick some time previous to my visiting him. He had complained a great deal of pain in his stomach, accompanied with nausea and occasional vomiting of a green, glairy fluid. He had at times slight pain in his head and bowels. The mother had administered a variety of domestic medicines, in hopes he might recover under their use, without the aid of a physician. He continued to remain in this condition when I was called to visit him. Upon examination, there was found a great amount of tenderness of the epigastrium, with pain in the stomach; abdomen a little tympanitic and hot; the urine scanty; pulse quick and irregular; tongue covered with a white coat, red at the point and edges; bowels very irregular, sometimes constipated, at other times rather loose, with dark green discharges. The skin was hot and dry; the countenance wore the expression of pain and suffering. I diagnosed the case to be one of chronic gastritis. Prognosis rather unfavorable. I told the mother we could not, in this disease, consider him out of danger until he was well.

Ordered drafts to the feet, baths upon the bowels and stomach; head to be elevated, and the following medicine to be taken. R. Pulv. rhei, gr. x.; calc. magnesia, gr. x.; hydr. chlor., gr. ij. M. Divide into four powders. One given once in four hours, till the bowels are evacuated freely. R. Ipecac., gum acaciæ, aa gr. vi. M. Divide into three powders. One given once in three hours through the night. Diet, rice water to be given in small quantities cold.

23d.—Rested well through the night. Bowels moved quite freely. Still complains of pain in the stomach. Pulse 90. Skin dry. Tongue coated. Ordered Pulv. opii, gr. i.; hydr. cum. creta, gr. iv.; gum acaciæ, gr. vi. M. Divide into four powders. One to be

given once in three hours. Cold spearmint tea *ad libitum*. Baths of hops to the stomach and bowels.

24th.—Skin moist; tongue coated; vomited in the night. Pulse 95. Suffers much pain in the stomach. R. Pulv. acaciæ, gr. viii.; hyd. cum creta, gr. iv.; ext. hyoscyami, gr. ii. M. Divide into four powders. One given once in four hours. R. Ol. ricini, ol. olivæ, aa ʒ ij. M. To be given immediately. Repeat the same at night, if the bowels do not move. Mustard poultice to be applied to the stomach.

25th.—I find him much better. Pulse 85. Complains of but little pain in the stomach. Ordered argent. nitratis, gr. i.; pulv. acaciæ, gr. vi.; pulv. ipecac., gr. ij.; ext. hyoscyami, gr. i. M. Divide into three powders. One given once in five hours. A tea of garden parsley to be given instead of the spearmint.

26th.—Still improving. Same medicine continued. May have beef tea.

27th.—Still convalescent. Same medicine continued. No pain. At his request, may sit up awhile.

28th.—Continues to improve. Same medicine continued, with the addition of a teaspoonful of spirits of nitre, night and morning.

29th.—Much better. Pulse 80. Tongue quite clean. Same medicine continued. If the bowels do not move, give the following to-morrow morning. R. Pulv. rhei, gr. vi.; calc. magnesias, gr. vi. M. Appears so much better that I do not think it necessary to visit him to-morrow.

July 1st, 8 A.M.—Is very much improved. Tongue clean. Has some appetite, and desires something more than his tea. A little soda-cracker was given. Pulse 78. Secretions natural. Same medicine continued once in six hours. About noon was called in haste, and found him in convulsions, respiration performed irregularly. General restlessness between the paroxysms induced me to believe the existence of some cerebral affection. R. Pulv. ipecacuanhæ, gr. x.; antimonii tart., gr. ij. M. Pediluvium. Warm bath in blanket. As the emetic operated but little, to have pulv. ipecacuanhæ, gr. xv.; antimonii tart., gr. ij.; sinapis, gr. iv. M. This caused him to vomit freely, after which the following cathartic was administered. R. Pulv. rhei, gr. iv.; pulv. jalap., gr. viii.; hydr. chlor., gr. iv. M. Repeat the same once in four hours until the bowels are freely evacuated.

At 4 P.M. I saw him again. Has had five convulsions since noon. The bowels were moved freely. I desired counsel of Dr. Ed. Warren or Dr. Brown. The friends declined calling another regular physician, but suggested one who was not an M.D. No consultation was had. R. Vin. ipecac., ʒi.; tr. assafœtidæ, ʒ ij.; fluid ext. valerian, ʒ i. M. Give a teaspoonful once in two hours.

At 8 he was seen again. Has had a refreshing sleep; answers a few questions and recognizes his mother. Ice renewed to head, and drafts to feet. Same medicine continued once in three hours, with the injunction to give it oftener if the emergency seemed to



require it. At 10 P.M. I saw him again. He appeared so comfortable that hopes were again entertained of his recovery. Ordered enema of mucilage containing ol. terebinth.  $\mathfrak{z}$ i., and ol. ricini  $\mathfrak{z}$  iij.

2d.—He rested well until 3 A.M., when he awoke and immediately had convulsions. The emetic of yesterday and the warm bath were administered. These failed, however, to produce vomiting. The same medicine was again administered, and recourse to tickling the fauces produced the desired effect. The enema was repeated, after which he assumed a better aspect. This was of short duration, however, for he soon collapsed into a state of prostration and insensibility, not unlike one suffering from a *coup de soleil*. Dr. Teulon was called, and ordered pulv. jalap., gr. xx.; calomel, gr. x. M. A bath of turpentine upon the bowels. Enema of mucilage, containing ol. terebinth.,  $\mathfrak{z}$ ij.; ol. ricini,  $\mathfrak{z}$  ij. M. Chloroform to be inhaled whenever the convulsions returned. Ice or a blister to the head. All medicine failed, however, of accomplishing the desired result. He continued to sink, and died within forty-eight hours.

Upon visiting this little boy in the afternoon previous to his death, I discovered upon his lips and clothes portions of false membrane analogous to that seen in croup or muguet. This proved conclusively that my original diagnosis was right, and that softening and decomposition, with perforation of the stomach, had taken place, thereby producing irritation, which being transmitted to the brain, caused effusion into that organ. I had attended this patient once before for acute gastritis.

CASE II.—N., a girl 2 years of age, came under treatment for acute gastro-enteritis. There was great tenderness about the epigastrium. Bowels very tympanitic. Pulse very quick and irregular. General restlessness. Occasional vomiting. Skin dry and hot. Ordered drafts to the feet and mustard paste to the stomach. Give the following powders once in three hours. R. Pulv. ipecac. comp., gr. vi.; hydr. cum. creta, gr. iij.; gum acaciæ, gr. vii. Divide into four powders. Cold spearmint and ice water *ad libitum*.

This case recovered at the expiration of eight days from the commencement of the attack, under this treatment.

CASE III.—A boy, 13 years of age, hale and hearty. He had eaten freely of clam chowder and sour krout. I suppose the vinegar contained, as most of the vinegar does now, sulphuric acid. This repast produced one of the most violent attacks of acute gastritis I ever saw. Ordered an enema of pulv. ipecac., gr. xx. R. Lime water,  $\mathfrak{z}$  iv.; rice water,  $\mathfrak{z}$  viii. M. A tablespoonful once in three hours.

Upon visiting him in the evening I found him in great pain about the stomach. Give the following. R. Gum acaciæ, gr. x.; hydr. cum. creta, gr. x.; pulv. opii., gr. i. M. Divide into five powders, one to be given once in two hours. This gave him relief immediately. The same treatment was continued, and he recovered in ten or twelve days.

CASE IV.—S., a child 4 years of age, of great susceptibility, and of a very delicate constitution. Ate "poison berries." Treatment the same as in the above-named cases, except that soda water was substituted for the lime water. She remained under treatment for six days, when she was discharged well.

CASE V.—G., a boy about five years of age, subject to nausea and occasional vomiting of his food. Took a very violent cold and had slight cough. Pulse very quick; abdomen swelling externally, and painful, with a high fever. His treatment was about the same as that already mentioned.

After his recovery from this attack, he was again, about three months afterwards, attacked, when his case assumed the chronic form. He was treated as the first case, and made a second recovery. Since the last, I have not heard of his suffering from a similar attack. He has been sick, however, with other diseases.

CASE VI.—B., a boy 10 years of age, very much addicted to eating many articles not digestible, such as corks, gravel, slate pencils, &c. Few were the physicians in the vicinity who had not been called to this omnivorous creature, as his stomach could testify from many a nauseous dose it had received from their kind hands. But these had not the power of causing him to desist from the gratification of his unnatural desires. Like the duck which swallows the hot iron as it falls from the smith's anvil, regardless of its properties, he one day found some glazier's putty and tins which chanced to come in his way, when a large lump was tried by him. This proved, as the pain in his stomach plainly told him, rather indigestible. His treatment was like that of the first case. I attended him about three weeks, in company with my distinguished friend, Dr. I. M. Berry, when he sank and died from effusion into the brain.

I do not believe, as some few writers would have it, that gastritis is a disease *sui generis*. In all cases that I have seen, the inflammation could be traced to some exciting cause; as, for instance, one of my patients, a lady, thought it traceable to an incautious dose of tartar emetic, administered by her physician; another to an overdose of the oil of savin taken for criminal purposes. Again, in another case, gastritis was produced by taking a large dose of saltpetre instead of Epsom salts. One arose from debility of the digestive organs, accompanied with a great amount of acidity of the stomach. No doubt, gastritis with ulceration may take place from great acidity and debility of the digestive organs; but more frequently from colds and exposure to damp and changeable atmospheres; also from noxious diet.

J. H. WARREN, M.D.

Newton Upper Falls, July 20th, 1855.



MENTAL ABERRATION CONSEQUENT UPON PHYSICAL DISORDER.—  
THE PHILOSOPHY OF PURGATIVE TREATMENT.

BY WOODBRIDGE STRONG, M.D.

[Concluded from page 382.]

IN the days of ancient medicine, Hippocrates used cathartics largely, as may be inferred from his writings; for he constantly speaks of the character of the dejections. So also were they employed in the times of traditionary medicine; but in both these epochs they were empirically used. I claim that there is a rational basis for their use, and that *rightly used* they never do harm; that neither the class of disease indicated, and in truth no disease, where the condition of system above spoken of exists, can be pronounced cured, without the evacuation of the offending material.

It may be no argument for others, but with me it has great weight, that there has been so large a number of cathartics, as well as other medicinal agents, created and provided for the use of man; for only to man himself and in his hands can they be of any benefit, except perhaps to the few parasitic animals that may live upon them while growing. Believing, then, that most, if not all, things were created, directly or indirectly, for man, and that nothing was made except for an adequate purpose, and that this is no contrivance of man, but was intended—the inference is strong that He who made them, and gave them their peculiar powers, did so because He knew that man, for his multiplied infirmities, would need them all. Not that every individual, when ill, is, of necessity, to take any one, or all; but they were given *to be used when needed*, and then only, leaving to man the task of discovering when they are or may be useful. Unlike the animal, man has no instinct proper; for him there are no specifics appointed, no routine by which he is to perform his various duties, if he would properly acquit himself. His wants are indefinite, and he is furnished with the requisite materials for supplying them; but it is left to his sagacity to seek them out and settle the mode of their application. It was never intended that man should find his way easily, as the lower animals do; all the better prizes of life are obtained by the proper and well-directed action of the intellect. All the wants of man, and all his duties, are lessons, intended to develope his mental faculties. There is nothing which does not require an especial adaptation in order to be made useful, and to confer its full benefit. This is true of the whole domain of nature; and they profit most by that which is placed before them, who have most carefully studied and wisely adapted it to their wants. Mankind has been taught this by experience in most matters. Medicine is one of the exceptions to the acknowledgment of the universality of this principle. The whole race, with physicians at their head, has always been in search of "*specifics*;" in olden time a universal remedy was constantly sought, until, disheartened by often repeated failure, it was given up in despair. Now, also, the search still continues for specific remedies, or specific

treatment, for the several distinct diseases, a thing which will be found unsuccessful. It is a very common and an equally futile belief, that somewhere on the earth there exists a remedy for every disease that "flesh is heir to," and that man has nothing to do but to search and find, and then at last there will be an end of all human ailments; for if disease invade, it will only continue until the medicine is obtained and taken; it being all the time forgotten that man is a free agent, and does what he will with himself, and that no two persons probably have ever acted in all respects alike, and yet their present pathological condition has been modified, and is now the result of all their habits; so that whether the invading disease is from without, or is spontaneous, some predisposition giving the particular form of manifestation, in either case it is engrafted upon, or so connected with, this pathological state, as always to be modified by it. Thus every disease is more or less compounded, and therefore no two cases of the same disease are alike in all respects, every case having something peculiar to itself. The physician, therefore, needs to be able to estimate the difference and to modify the treatment in accordance with it. He should be able to trace the foot-prints of each bad habit, as the geologist does the causes which have modified the earth's surface, in past times, and thus mentally to reconstruct the habit, and duly estimate its influence. This may task him with more mental labor than he has been wont to give; and yet it is needed, and medicine will never deserve to be called a science until it is thoroughly done. There is no occupation, no study appointed to man, which can lay a heavier task upon the mind than medicine; and, in order to be well understood, it must give employment to all his faculties. There is, in truth, verge and scope enough in it for the highest intellect that has ever been vouchsafed to man.

It is a mistake to suppose that all recoveries are cures; and there is nothing which is so difficult of decision as the question of what, and how much, benefit has been derived from remedial interference. Hence the popular estimate is rarely correct, having no sufficient data by which to judge, and because many would and do get well without any treatment. This, however, in any given case, neither the patient nor his friends can know, for disease in the onset makes no announcement to the superficial observer, of what it may become finally. Many of the gravest diseases come on mildly, creating but little disturbance at first; but after a time, they are suddenly developed in all their violence, when they will either kill, or bring the patient so near to death as that his escape will appear almost miraculous.

It is the duty of the physician to foresee the danger while yet it is afar off, and to prevent it; and this he may often do, and the patient be so early rid of his disease, as to believe there was a false alarm. Physicians get most credit, however, when in consequence of ignorance or inadequately studying the disease, not of intentional neglect (for that is rare), the disorder has assumed its gravest



form and yet recovery has taken place ; or, if death has followed, it matters little, no blame is ordinarily attached to them for not having foreseen and prevented the result, at least so long as they have followed their friends' notions of regular practice ; and then "the appointed time has come," it is gravely said, as if life and death were any more arbitrarily appointed to man than any other event that may happen to him.

Perhaps the mean age of mankind, if medicine had never been known or practised, would have been as great as at the present time ; all the different modes of practice now in vogue, not to speak of the past and forgotten ones, are about equally successful in the average of their recoveries ; certainly no one method has been so transcendently successful as it should have been if it had the truth wholly on its side. It is at best only a little more or a little less so ; and this will always be the case until the present methods are changed, and medical men take a more philosophical view of the matter, study their patients more, learn to divine better, and estimate more correctly, the whole pathological state, its relation to every part, and that of every part to the whole, when there is anything local in the case. The *materia medica* needs to be carefully studied, not to discover specifics, but obtain the means of fulfilling a philosophical indication, drawn from a well-considered observation of all that enters into and modifies each case of disease. Then, there would be a foundation for experience ; for thus diseases would be grouped together by a common bond, founded in nature ; an advantage that medical observations have not at present, for cases are now often grouped together which have perhaps only a single symptom in common, all else being variant. Such cases settle no important principle, and are of little value. In medicine the true and the right must be as superior to the false and wrong as they are everywhere else ; and if the truth it contains is ever fully realized, it will be so manifest in its power to benefit, by warding off disease and death, and in conferring health and longevity with an unclouded mind, as to need nothing else to establish its claims.

It is not philosophical to suppose, while all things else remain the same, that a person who, in a state of comparative health, has been unable to resist the invasion of disease, should be any more able to meet it and recover from its shock after the vital powers have yielded to, and been weakened by, such an invasion. *Disease* is the giving way of the system before some deleterious agent ; or, in other words, the cessation of reaction ; *convalescence* is the reaction of the inherent vitality against the disease ; and *recovery* comes, because something has occurred to restore the balance, to give preponderance to the vital powers, enabling them to get the better and thus overcome the injuring cause. Rest and abstinence from food may be sufficient in the milder cases, but are not adequate to the graver forms of disorder ; these, for the most part, have the cause of their greater severity in the system itself, and it is certainly interesting to every one to know whether there are, or not, means provided by

nature by which this preponderance of the vitality may be hastened, in even the mildest cases of physical disturbance. But especially whether, when all reaction has ceased, and the system has yielded wholly to the invading disease, and is fast approaching its final doom, that even then Nature may be assisted in arousing the waning, and, as it were, discouraged, powers of the system, so that the sufferer may be brought back to hope and to life.

But to return to our patient. From such considerations and reasons as have been above stated, a cathartic course was prescribed, and directions given to continue it until the system should be relieved, and this was to be known by the dejections becoming healthy in color and odor; such a course being necessary both to relieve the general system, and to lay a foundation for the restoration of the prostate gland. For, if there is anything certain in medicine, it is that with such a state of the general system as this man was laboring under, there can be no reaction, no tendency to recover, even from an accidental local disease, much less from one arising spontaneously, as had been the case in the present instance. He procured the medicine prescribed, and returned to his home in the country, and in a few days came back to consult me again. He had taken the medicine a few times, and felt himself somewhat relieved. His case was again examined thoroughly, and he concurred fully in the plan proposed, and spoke of returning to the city, after he had arranged his affairs, in order to put himself entirely under my care. He did not do so, however, and it was several months before I saw him again, and this was when requested to visit him. He was found walking about his house, partially insane, with a suicidal tendency, although capable of giving an account of himself, his present feelings and past history. He had attempted to destroy himself, and required to be watched constantly; had refused both to eat or drink for several days, and was under the hallucination that everything of the nature of food had been poisoned. He rejected everything, even water, with this idea, and was so firmly persuaded of its being poisoned, that it grieved him sorely when I drank some from a glass, as he believed it certain that death would be the consequence.

What had occurred since he was last seen, may be briefly told. He had been dissuaded from following the course recommended; not because of any bad results arising from it, for he had scarcely begun it, but by the prejudices of his friends. He had put himself under the care of a neighboring physician, who did not carry out the plan proposed, as was natural, he having one of his own. The consequence was, that the patient was suffering under the consummation of a condition of things which had been known and its results foreseen and provided against. It had been rapid in its development, at last, owing, probably, to the loss of appetite and the prostration consequent upon it. His tongue was now thickly coated over its whole surface, the eyes were more yellow, and the skin also had a jaundiced, dark, unhealthy appearance. The expression



of his countenance was that of one suffering from intense visceral disease, under which the powers of life were sinking. He had not had a dejection for four or five days; his breath was very offensive, as were all his secretions, and there was a strong fæcal odor diffused around him. He suffered very much from pain in the bowels, was very flatulent, his abdomen tympanitic. There was, however, no regular fever, although he might have had hectic, which is so apt to be present when the system is making unavailing efforts to throw off any disease.

The case differed from the one previously related, in so far as that was accompanied with a good appetite, which aided by the solicitations of friends, had become irresistible; so that either food, or drinks, such as porter or wine, or something of this sort, could be got down nearly every day. In this, so far from there being an appetite, there was a loathing of food, and if he had taken it, it could not have assimilated, and would have done harm. He appeared, also, to have little or no thirst. The mind, which is always more or less affected by the condition of the brain, had probably given way, owing to insufficient nutriment being conveyed to that organ; the condition of the mind was more of the character of that delirium which attends the last stage of typhoid fever (but less intense), and which probably depends on a like cause. There was the same indication now as at first, but more imperious; he was evidently rapidly drawing near his end, and the only way of recovery was by fulfilling the indication. Without this there would be no appetite, and in default of that there could be no hope. Thus a case, but a short time before curable, had become, under the circumstances, hopeless, since he would take nothing willingly, and his friends were opposed to any interference. If it had been otherwise, the case was too far advanced to be left in other hands, and the patient's residence was too distant to have my constant attendance. There was such a sinking of the powers of life, all reaction being gone, and the disease had become so intense, pervading the issues of life, that recovery would have been nearly hopeless under the most favorable circumstances. In the present aspect of affairs there was no hope, no encouragement to interfere, and he was left to die. He lived a few days, and then sank and died.—*Sat verbum sapientibus.*

#### CASE OF ERYSIPELAS.

MESSRS EDITORS,—If the following is worthy of publication, you are at liberty to insert it in the Journal.

State Alms House, Bridgewater,  
Nov. 30th, 1855.

CHARLES A. RUGGLES, M.D.,  
Resident Physician.

James Gorman, aged 70, was admitted into the hospital of this institution Oct. 10th, with debility, both physical and mental, consequent upon his advanced age and previous bad habits. At the

evening visit of Nov. 16th, nothing unusual was noticed. He had up to that time complained of no pain, and no febrile excitement had taken place to cause me to suspect erysipelas. On the morning of Nov. 17th I saw that since my last visit a surface four inches square, extending across the face and from above the eyes to the lower part of the upper lip, was attacked with erysipelas. The skin was not very red, nor much swollen; the surface of the body hot and dry. Pulse 100, feeble. Tongue somewhat coated. He complained of slight headache; the bowels were natural. Loss of appetite. I ordered an application of tincture of iodine, extending  $\frac{1}{8}$  of an inch beyond the inflamed surface on the surrounding tissue; one grain doses of sulph. quinine every three hours, with beef tea.

Nov. 17th, 6 P.M.—Erysipelas had spread nearly an inch. The other symptoms remained as at morning visit. Ordered the iodine to be reapplied. Continue quinine and beef tea.

Nov. 18th, 9 A.M.—Erysipelas still extending; patient delirious; pulse 120; skin hot and dry; face much swollen; eyes cannot be opened; is inclined to scratch and tear his face. Applied a muffler. Ordered the tincture of iodine to be applied over the extension. Increase quinine to one grain every two hours. Beef tea and brandy.

Nov. 18th, 6 P.M.—No increase since morning visit. Continue quinine and brandy.

Nov. 19th, 9 A.M.—Erysipelas has extended, through the night, to the scalp. Both ears involved. More delirious; bowels rather loose; had two stools in bed. Ordered head to be shaved. Apply iodine, and continue brandy and quinine and beef tea.

*Evening visit.*—Erysipelas extended to lambdoidal suture. Pulse more feeble. Low muttering delirium; sinking. Increase brandy.

Nov. 20th, 9 A.M.—No extension since last visit. Skin not so hot and dry. Pulse improved; swelling around eyes and nose abated. Less delirium. Answers when spoken to. Bowels moved once during night. Continue brandy, quinine and beef tea.

*Evening visit.*—Same condition as in morning.

Nov. 21st, 9 A.M.—Patient better. Pulse stronger and not so frequent. Swelling diminishing, so that he can open both eyes. No delirium. Continue treatment.

*Evening visit.*—Same as in morning.

Nov. 22d, 9 A.M.—Patient still improving. No extension of erysipelas. Removed muffler. Discontinue brandy. Continue quinine.

Nov. 24th, 9 A.M.—Continues to improve. Give quinine one grain *ter in die* and nourishing diet.

Nov. 29th.—Patient has recovered almost entirely from the disease. He is still weak and feeble, but not more so than before the attack.

In the treatment of the above-named patient, I have not, as will be readily perceived, relied upon the sole use of iodine; for the patients, as a general thing, who are admitted to this institution, are



so debilitated, their constitutions so broken down by dissipation and previous disease, that in the treatment of almost all diseases with which they are attacked, the plain indications are for tonics. And in future if any other cases of erysipelas should occur, I should not feel justified in treating them in any other way than by using quinine and brandy as adjuncts to the tincture of iodine. This was a most unpromising case, and I am satisfied that not much greater success could have followed the use of iodine alone.

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### Hospital Reports.

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#### MASSACHUSETTS GENERAL HOSPITAL.

*Case of Typhus Fever, with unusual Eruption.* (Under the care of Dr. A. A. GOULD.)

Ellen Mahony, a young woman aged 16, entered the hospital Oct. 19th. She had been ill for ten days. She was stupid, and incapable of giving any detailed account of her sickness. She complained principally of pain in the abdomen. The tongue was dry and black; the lips parched; respiration labored and noisy. Two or three bloody sputa were exhibited, the origin of which, whether from the lungs or throat, was uncertain. No cough was noticed. Vesicular respiration was everywhere strongly marked. The next day there was a little dulness on percussion under the right clavicle, with slight crepitus, and on the third day, sonorous râles, with complete absence of vesicular murmur, pervaded the right side, but with good resonance on percussion; no cough. On the second day of her entrance, an eruption appeared on her face, back, and upper and lower extremities, but not on the abdomen, where it is most likely to occur in fever. The eruption commenced with a small pimple, spreading into blotches of about the size and color of those of measles, with an acuminate apex, and without extravasation. It resembled lichen lividus more than any other described eruption, which is said to occur in ill-conditioned persons, and in cases of great debility. Tonics and stimulants were ordered, with nutritious diet. There was one *stercoral* defecation daily, and also a constant drain of bloody water from the rectum. She refused to take anything, and rapidly sank. After death, the eruption had entirely disappeared, leaving only minute central points, like grains of sand, which upon puncture emitted a clear fluid.

On *post-mortem* examination, the right lung was partially solidified, though not hepatized. When cut into, purulent matter flowed from the cut bronchi. The lower portions of the small intestines were purple, and congested, as were also the lower portions of the lungs, but no ulcerations were found in the intestines. The kidneys exhibited a remarkable appearance. They were distorted into a gibbous shape, presenting externally lobules which resembled fat, about the size of chestnuts. The tubular portion being highly injected, presented a remarkable contrast with the remaining portion. The breath had been highly offensive, and the case resembled, on the whole, what would formerly have been called "putrid fever."

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*Compound Fracture of the Skull.* (Under the care of Dr. TOWNSEND.)

Geo. A. H., aged 40, was brought to the hospital Oct. 24th, reported to have been injured on the 22d. After the accident, he had hemorrhage

from the right ear. In other respects his present condition represents pretty well the past symptoms of the case.

Upon the back part of the head, two inches behind the right ear, is an incised wound, an inch a half long, extending downwards and outwards, and now suppurating. The patient is perfectly insensible and cannot be roused. There is frequent yawning, and occasionally some gritting of the teeth, with considerable jactitation. Pulse 100, rather feeble; extremities quite cold; pupils a little contracted; limbs partially flexed, and fixed in that position with some firmness; deglutition quite easy; urine passed in bed.

The wound was dressed with cerate, warmth was applied to the feet, and an enema was administered.

25th.—Limbs warmer; pulse stronger; contraction of pupils increased. Hydrarg. submur., gr. v.

26th.—Free dejection after an enema of a pint of infusion of senna. Cheeks rise and fall in the act of respiration. Moves limbs on the right side better than those on the left, the left arm seeming to be completely paralyzed. He can be made to swallow only with considerable difficulty.

27th.—About the same; still comatose. He was taken to the operating theatre, where the wound of the scalp was enlarged by Dr. Townsend. At the upper part of the original wound a fracture was discovered, running downwards and forwards; this was a simple fissure, without depression. With a trephine, a circular piece of bone, through the centre of which the crack ran, was removed. Beneath the skull was seen a large amount of coagulated blood, a small portion of which was removed at once, and the patient appeared, while on the operating table, to feel some relief of the pressure on the brain; opening one eye, and seeming to feel pain from the surgeon's manipulations. The corners of the flaps were loosely brought together by sutures, and warm water dressing was applied.

28th.—No improvement in the symptoms since the operation. Both eyes are rolled to the right, and the right side of the mouth is drawn a little downwards and backwards. The pupils are contracted; respiration slow and laborious; pulse frequent and just perceptible; feet cold; trunk and upper extremities warm and moist. He died at 11 A.M. No autopsy could be obtained.

## **Reports of Medical Societies.**

*The Suffolk District Medical Society.*—(Reported by Dr. J. B. ALLEY, Secretary.) October 27th, 1855. The Society met at 7½ P.M., the President in the chair.

Dr. Buck reported the following case of latent pleurisy. The patient, a young woman, had been making a visit at a friend's house in a place colder than her home, and where she was more exposed. She became chilled, had sometimes a pain in her back, and occasionally in her right side, and then in the top of her shoulder. One Saturday night she returned home, four weeks ago, complaining of pain in the back and chills; no cough. Dr. B. administered Dover's powder. The next morning she felt better, but still had a languid feeling. No appetite, occasionally a chill, and pain in side alternating with pain in the shoulder. She was feverish at night, but had no cough or other pulmonic symptoms; respiration natural. One



week later, dyspnœa was observed, and on examining the chest, there was found great dullness over the whole of the right side, except the portion immediately adjacent to the spine. The patient could rest on both sides with equal ease. Dr. B. supposed that pleuritis had existed, and that an effusion had taken place. The respiration on the left side was observed to be normal. Within four days there has existed pain and tenderness in the left hypochondrium, extending down the left inferior extremity, without swelling. When the effusion was discovered, Dr. B. administered digitalis, squill and calomel, until much nausea was produced, and then substituted for it a mixture of potassæ nitratis, tart. ant. et pot., and sp. æth. nit. She is now taking a decoction of *pyrola umbellata*. Two blisters have also been applied, and a liniment of camphorated oil and spirits of turpentine is applied externally. The pulse has come down from 100 to 84, the tongue become clean, the appetite returned, and she is convalescent.

Dr. Buck inquired of Dr. BOWDITCH if pleuritis often occurred in so insidious a manner, without cough and with so little pain?

Dr. B. said that he should regard it as an unusual case of latent pleurisy.

Dr. GOULD inquired if the absence of pain and cough is not apt to occur in cases of latent pleurisy terminating rapidly in effusion, while the more severe cases often end in adhesions.

Dr. CORNELL inquired if the secretion of urine was increased, and remarked that he had used digitalis pretty freely in cases of epilepsy and other diseases, and had reduced the pulse to 45 beats per minute without increasing the secretion of the kidneys.

Dr. BOWDITCH alluded to the case of a young lady, aged 22, perfectly free from hereditary taint of phthisis, who had been devoted to a friend somewhat older than herself who had died of consumption. Her mind had been much excited during her friend's illness, and she had undergone much physical labor and confinement. Her friend died last August. She continued in ordinary health till December, when she began to be troubled with symptoms of dyspepsia, and finally was considered to have gastritis.

A few weeks since, she began to cough. The lower part of the right chest became flat upon percussion, and the lung appeared to be condensed. The left lung is beginning to be involved. The friends believe that her devotion to her deceased friend sowed the seeds of consumption in her system. Dr. B. would not say that the disease was contagious, but he was decidedly of the opinion that friends of consumptive patients ought to be always put upon their guard against the dangers which they incur in devoting themselves too intensely to the care and nursing of the patient.

### Bibliographical Notices.

*An Introductory Lecture before the Medical Class of 1855-56 of Harvard University.* By D. HUMPHREYS STORER, M.D., Professor of Midwifery and Medical Jurisprudence. Boston: Printed by David Clapp. Pp. 32.

It was our good fortune to hear this lecture delivered at the Massachusetts Medical College, and our satisfaction on perusing that portion of it which is published, is only diminished by the fact of the suppression of a large part of the eloquent language and honorable sentiments originally presented by the speaker.

In the thirty-two pages before us we have an admirable epitome of the

"Duties, Trials and Rewards of the Student of Midwifery." Upon every sentence the author has left the impress of his thorough acquaintance with the subject, and casts upon it the light of that integrity of purpose and true feeling so precious to all of us, so essential alike to the student and the practical, active man. The entire production rests upon a foundation, and is conceived in a spirit, of which learners and teachers may both be proud.

In the particular department of medicine upon which this pamphlet offers its excellent suggestions, all must allow that no ordinary amount of physical and mental endurance is demanded from the practitioner. Well may the writer warn those who have, without sufficient reflection upon the gravity and importance of their duties, commenced the study of our profession, to pause and "proceed no farther." "Ours is a calling requiring all a man's concentrated energies—worthy all a man's undying devotion."—(p. 6.) Surely, in no class of cases are thorough information, resolution, tact, promptitude of action, gentleness, patience and high moral sense more imperatively required than in obstetrical practice. The student of midwifery will here find all this graphically pictured. That precious thing, female honor, is held up to the reverence of all, and the blight which an imprudent word, or even a suspicious shrug of the shoulders, may inflict upon a flower which once smitten will bloom no more, is told with the hearty earnestness of one who feels the worth of whatever is "pure, lovely, and of good report."

One important suggestion of the writer we notice in passing; its bearing upon diagnosis is evident; its value proportionate to the frequently extreme difficulty in forming an opinion. We refer to that shrinking sensitiveness coupled with a noble endurance, which induces so many women, suffering under serious and extensive uterine disease, to conceal it, and to bear without a murmur, or any external demonstration, an amount of discomfort, sometimes of agony, which would make a stout man groan aloud and unfit him for any exertion. Professor Storer may well term this "an example of the truest heroism, the purest resignation." The necessity that the patient's confidence be gained in these cases is very properly insisted on. Unless obtained, the patient is lost—alas! how often is her malady incurable when every revelation is made to her medical attendant. How important this "duty," how great this "trial," of the physician!

We referred to the fact that the fair proportions of this Address have been essentially diminished by an omission of certain portions. While we confess the truth of the adage that "half a loaf is better than no bread," we particularly dislike all processes which abstract the *leaven* from any compound. Deferring to the judgment of others, whose opinions we all delight to honor, Professor Storer has omitted the very paragraphs, which, in our judgment, should have been allowed to go forth as freely as they were spoken. To whom shall the community look for a verdict upon practices which disgrace our land and prevail to an extent that would hardly be credited, if not to physicians—and, chiefest among them, to medical teachers? For ourselves, we have no fear that *the truth*, as told by the writer of this Address, in reference to the *crime of procuring abortion* and the scarcely less heinous offence of *preventing impregnation*, would do aught but good in this, or in any, city. It would appear that sheer ignorance, in many honest people, is the cause of much of the horrible *intra-uterine murder* which exists among us; why not, then, enlighten this ignorance? It would be far more effectually done by some bold and manly appeal like that to which we allude, than by the private and scattered influence of honorable practitioners alone. In this case we will guarantee that vice would



be all the more "hated" the more it was revealed, and would be neither "pitied" nor "embraced." The alarming extent of these evil practices is admitted; why attempt to conceal them any longer? Will not the mischief by and by be all the more deadly for delaying exposure and attempting relief?

If nearly every practitioner of medicine has his instances of application either to effect premature delivery or to prevent conception, what must the aggregate amount of these demands be? and how great reason have we for fully believing the ideas advanced by Dr. Storer, viz., that not only are these felonious practices the source of the great diminution so visible, in modern days, in the families of the married; but also that the imperfect sexual connexion practised, both illicitly, and by husbands and wives, while it of course lessens our population, at the same time lays the foundation of many uterine diseases. This is at once an important and plausible suggestion. While perhaps, as yet, incapable of being substantiated by actual proof, the balance of evidence is very decidedly in its favor, and on the most natural grounds. Whatever interferes with the full and proper exercise of any function is likely to induce irregularity in its performance, and finally organic disease. This is at once philosophical and in accordance with the will of the Creator:—*Leges naturæ non impune franges*. If impregnation be prevented by the well-known means so widely used, or in any way, why should we not look for the termination of the naturally aroused uterine excitement, which fails of its legitimate end, in congestion, inflammation and final disorganization? This is a question of vital importance to any people—to all parents. In silence and by sufferance these mighty evils are feeding on the life-blood of the nation itself!

We can but express the sincere hope that the omitted portion of this lecture may yet appear in print; it is now a hidden jewel, a sort of lost Pleiad—the constellation is imperfect—let the light shine. From no fitter source, in no better manner, and, we are sure, with no more righteous intention, did ever advice fall from a speaker's lips; and whatever estimate may attach to our opinion, we believe that not only "ought these things not so to be," but that the public should know it from good authority. Such an exercise of his knowledge, experience and true moral courage is not only the province but the conscientious duty of the physician; expediency, with its cold heart and leaden-footed pace should be hooted from the path of usefulness and rectitude. To apprehend ill effects and danger to public morals from telling the truth (especially when it has been too long waited for), is both a *petitio principii*, and, as a rule, will not obtain. Rules, not exceptions, are our recognised guides.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, DECEMBER 13, 1855.

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### FLUID EXTRACTS.

THESE elegant preparations are daily becoming more used; their efficiency in a small dose rendering them a most desirable form of administering vegetable medicines. We have been satisfied with the effects of several which we have tried, and we wish to call the attention of the profession to

the so-called "Aqueous Extract of Senna," made by Henry Thayer & Co., of Cambridge, Mass. We printed in a former number (Vol. LII., p. 384) a formula for the preparation of a tasteless infusion of senna, which we copied from a French Journal. This infusion was recommended for its absence of taste, and freedom from the griping and irritating properties of the leaf. Mr. Thayer has, by a slight modification of the process, succeeded in making a concentrated fluid extract, which keeps perfectly well, is very agreeable to the taste, and operates in a small dose. We have given this extract repeatedly, in drachm-doses, to adults, with the effect of producing from two to six stools, with very little pain. We have not had an opportunity of observing its effects on children, but are inclined to believe that it will prove of great value in infantile therapeutics, from its agreeable taste, its efficient action, and the smallness of the dose.

While on this subject, we must protest against the indiscriminate multiplication of preparations of this class, closely similar in their effects, and differing only in a few unimportant ingredients. Thus there are no less than six preparations of senna, manufactured by this firm:—viz., simple fluid extract, aqueous extract, senna with coffee, senna and jalap, senna and dandelion compound extract of senna. It would be much better to leave some of these mixtures to extemporaneous prescription. So large a number is perplexing to the physician, and onerous to the apothecary, who is compelled to keep on hand a large stock of medicines, many of which are likely to be seldom or never ordered.

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#### SYRINGES AND THEIR VALVES—COMPARISONS—DR. HAYES'S OPINION.

*To the Editors of the Boston Medical and Surgical Journal.*

GENTLEMEN,—“Comparisons are odorous,” says the immortal Dogberry; and but for special reasons, I would not think of comparing my *patent elastic valves* with the very ancient *boys' marbles* (daintily termed, in certain quarters, “*small mineral balls*”), which the French and Germans have used in their cheap syringes from time immemorial.

Certain persons, professing to have a very strong regard for the dear public, have issued a circular for the purpose of making it appear, by *inuendo*, that the elastic valves of my metallic pump syringe, would swell from the action of water, and in a short time become “utterly worthless.” This is either true or false. If the latter, I envy not the person who is capable of giving currency to a falsehood with the view of injuring the business of another. I trouble you with these remarks, Messrs. Editors, because it is proper that the public should know the truth. So far as I myself am concerned, if any one will convince me that my elastic valves are objectionable, I will at once adopt the ball valves, imperfect as they are known to be, but preferring the *metallic ball* to the more imperfect *boy's marble*. It is my object to manufacture every form of syringe which the public demand, and I shall spare no pains to furnish reliable and perfect instruments.

I am free to confess that a few instances have come to my knowledge in which, from imperfection in the valve material, or some other cause, the valves have swelled so as to render the instruments inoperative. But such instances I believe have been rare. My recent agent has never informed me of any complaints of this kind, although my syringe has had an extensive sale, and if he had heard of such complaints, without communicating them to me, he was not a very faithful agent. I received an order, a short time ago, from a well known New York house, for 150 of my syringes, and I



have supplied the same house, at the rate of about 100 per month, for nearly two years, and yet they have never informed me of any complaints respecting my valves. The recent order, of which I have spoken, is proof that my syringe has given satisfaction, and to substantiate what I say, the name of said house is at your service.

I am now using a valve material which is not likely to swell or enlarge, but if it *should* do so, there is nothing in the world *more easy* than to enlarge the valve cavities beyond any expansion which can possibly take place in the valves themselves. This has been done, and my valves therefore remain the best and most perfect which have yet been introduced. Three sets of valves accompany each syringe, in case they should be needed, and moreover, my valves can be sent in a letter for three cents to any part of the United States. This would be quite as easy as to hunt up a boy's marble, in case of loss, to say nothing of the desperate chance of finding one sufficiently "round" to answer the purpose.

Ball valves become more and more inaccurate as the syringe continues to be used. Not so with my elastic valve. Long use does not interfere with its unvarying accuracy. Sediment that will arrest the action of a ball valve, will have no influence upon mine, owing to its invaluable property of elasticity. My valve will act equally well in any position, which is not the case with the ball valve, whatever may be said to the contrary.

Mucilaginous injections, such as starch, elm, and flaxseed, including broth, gruel, and all thick fluids of a similar nature, can be administered admirably with my syringe, and therefore I should be pleased to have it understood that the remarks on this subject in the last number of your Journal were not applicable to my valves.

I always supposed that a pump syringe, requiring both hands to work the piston, was not very well adapted to vaginal purposes. Such, at least, has always been the testimony of women, and this was the reason which originally prompted me to get up an improved form of syringe. My pocket or metallic pump syringe is so constructed that the piston may be worked with one hand, which is regarded as a great improvement on the ordinary pump syringes, which require both hands to work the piston.

Dr. HAYES'S OPINION. There is no one better acquainted with the working of valves than Dr. A. A. Hayes, our well-known State Assayer. Speaking of my patent elastic valve, in a communication dated Oct. 17, he says: "After a careful examination, which frequent opportunities during the past year have allowed, I do not hesitate to assert that your valve is superior to anything of the kind which is used in this connection."

With regard to the *durability* of this valve, Dr. Hayes says;—"It was found to be unaltered by powerful acids and alkalies, to resist for several whole days the action of boiling water; while oils did not impair its elasticity or soundness; qualities rarely found in any one substance."

Again says Dr. Hayes, from whom I quote very briefly,—“The ball valves, whether of metal or stone, if expensively finished and at first closing tight, soon become leaky from percussive action between the ball and seat. They also require time in closing, and will not act in an upward and downward direction without force; while the smallest particle of suspended matter, lodging on the seat, renders the instrument useless until it is removed. Nearly the same objections apply to other forms of valves, which have also been rejected after abundant trials.”

“Strongly in contrast with these,” continues Dr. Hayes, “is the device you have so happily chosen as the means for overcoming all the incidental

difficulties and increasing the usefulness of the instrument to which it is applied. Your invention, like all the more important applications, is simple; the material chosen, in its improved state, is unobjectionable in relation to mechanical or chemical action, and the instrument, as presented to the public, entitles you to the high praise which has been awarded by the profession and the public."

M. MATTSON, M.D.,  
17 Franklin St., Boston.

#### PHYSICIANS' RECORD BOOK.

WE are happy to call attention to the following remarks, addressed to the physicians of Vermont, by W. H. Thayer, M.D. The book which he proposes to issue is to be arranged upon an excellent plan, and we cordially recommend it to the notice of the Profession at large. As a convenient mode of simple registration of ordinary cases, it will prove exceedingly valuable, and we believe that many orders will be sent to its originator from this State and from others, besides Vermont. As it is wholly a voluntary undertaking, without the least pecuniary return, we hope that those who think favorably of it, will aid Dr. Thayer in the execution of his project by prompt contributions.

*To the Physicians of Vermont.*—By authority of our State Medical Society, I sent to each of you a circular, containing the plan of a record-book which I propose to furnish to all who wish for it.

These books are not yet prepared, and the printer cannot begin them until he knows how many will be wanted. In order, therefore, to get them out as early as possible, it is desirable that all who intend to have them, should send me their names without any further delay. They are to be furnished at cost, and the amount charged (\$1.50) must be enclosed in the order. It is better to send the fifty cents in stamps than in silver. As the intended use of the book seems not to have been fully understood in all cases, I will repeat that it is designed to receive an entry of every case in which a physician is consulted—to be entered on the day it occurs. It is believed that such a record will furnish much valuable aid in the investigation of the history of epidemics; and, from a year's experience with it, I know that it will be of very great convenience to the physician who uses it.

I would most earnestly beg all those gentlemen who see this notice, to take the first opportunity to remind all the medical men whom they meet, of the subject here presented to them. I ask you, every one, to send an order for a copy, for the interest you feel in medical science, and in every expedient that will further its development.

Woodstock, Vt., Dec. 4, 1855.

WM. HENRY THAYER, M.D.

N. B.—Dr. Thayer has received some orders from other States. Although no applications were expected out of Vermont, the printer will prepare whatever copies are ordered before the 15th of January, from any quarter.

Dr. T. may be allowed to say that this publication is of no pecuniary profit to himself, and is placed at the lowest price which the printer would allow.

#### CORONERS' INQUESTS.

THE subject referred to in the following note is of an importance which must everywhere obtain for it the consideration it demands. As it has now been taken up by the National Medical Association, we hope that every assistance in the power of the Profession will be afforded to the Committee which has the matter in charge. However coroners are appointed, we think



it must be evident that a proper proportion of medical men should be chosen to the office, in every community. Their opinion, as experts, is constantly required, and in no way can it be so well formed, or so readily communicated.

*To the Editors of the Boston Medical and Surgical Journal.*

GENTLEMEN,—At the last annual meeting of the National Medical Association, held in Philadelphia, the undersigned was appointed Chairman of a Committee to report what “measures should be adopted to remedy the evils existing in the present methods of holding coroners’ inquests.” The importance of this subject is one which commends itself to every member of the profession, and on account of the grave interests and questions that are frequently involved in it, should entitle it to due consideration. Any facts, suggestions, forms of procedure, statutes, such as the ordinances regulating the fees of medical experts, the tenure and qualifications of the office of coroner, whether in the United States or abroad, will be most thankfully received and duly acknowledged.

Very respectfully, your obedient servant,

Washington, D. C.

A. J. SEMMES, M.D.

*Lectures on the Urinary Organs.*—Dr. Slade commenced last week a free course of lectures before students, on the anatomy and surgical diseases of the urinary organs. This course is to be similar to the one annually given by M. Caudmont in Paris, and which has been attended by all medical students who have visited that city within the last six years.

We congratulate Dr. Slade on the auspicious commencement of his lectures, there having been between forty and fifty students present each evening, who have listened with marked attention, and manifested decided approbation.

The course is intended to be a practical one, and to comprise, besides the anatomy, the description, and use of various instruments, the operations and surgical diseases to which these parts are liable. These lectures are given every Tuesday and Friday evening, at 7½ o’clock, in the room occupied by the Mass. Medical Society, in Cochrane Hall.

*Notice to Subscribers.*—Subscribers will receive, with the numbers to be issued the present month, the usual intimation of their indebtedness to the Journal, which we earnestly hope will be duly honored.

MARRIED,—At Millville, 27th ult., George E. Bullard, M.D., to Miss Lydia A., daughter of Mr. Daniel Southwick, all of Blackstone.—In Charlestown, 28th ult., Dr. Hamlin W. Keyes, to Miss Emma A., daughter of Col. Charles Pierce, all of Boston.—In Bradford, 29th ult., William Cogswell, M.D., to Fannie, daughter of Hon. Edmund Kimball, all of B.—In Newport, R. I., Dr. Thaddeus Phelps, of Attleborough, Mass., to Miss Mary S. Watson.

DIED,—In Bernardstown, 23th ult., Dr. E. W. Carpenter, aged 67 years.—In Springfield, 23th ult., Dr. Charles B. Kibbee, 37.—In Attleborough, Dr. Joseph H. Hatch, 60.

*Deaths in Boston for the week ending Saturday noon, Dec. 8th, 74* Males 36—females, 38. Accident, 1—apoplexy, 1—disease of the bowels, 1—congestion of the brain, 2—burns, 2—consumption, 18—convulsions, 2—croup, 6—dysentery, 1—dropsy, 1—dropsy in the head, 3—debility, 2—infantile diseases, 4—dyspepsia, 1—bilious fever, 1—typhoid fever, 2—scarlet fever, 2—intermittent, 1—disease of the heart, 2—inflammation of the lungs, 1—disease of the liver, 1—marasmus, 3—measles, 5—pleurisy, 1—premature birth, 1—smallpox, 3—scalded, 1—teething, 1—unknown, 3—whooping cough, 1.

Under 5 years, 36—between 5 and 20 years, 9—between 20 and 40 years, 19—between 40 and 60 years, 8—above 60 years, 2 Born in the United States, 53—Ireland, 15—England, 2—Scotland, 1—British Provinces, 2—Germany, 1.

*On the Communication of Syphilis by Vaccine Lymph.* (Bullet. Gener. de Therap.)—The question of the influence of syphilis upon vaccination, is one of importance; the opinion is very wide-spread among the laity, that vaccine lymph taken from an unhealthy child generates disease. A case in point has lately occurred in Bamberg, a town of Bavaria, where a medical man was condemned to two years' imprisonment for having vaccinated several children from a child exhibiting a syphilitic eruption on its face and body. The witnesses asserted that the vaccine pustules had not been properly developed, and were followed by tedious ulcerations. Moreover, nine grown-up persons were asserted to be re-infected by the children tainted through the vaccine pustule. The judgment was commuted in consequence of the opinions expressed by Messrs. Heyfelder and Pouli, two distinguished medical men of Rhenish Bavaria, whose judgment has been supported by that of Ricord and Cullerier, who utterly deny the possibility of communication of the syphilitic poison by the agency of vaccine lymph. Cullerier, according to the "Bulletin de Therapeutique," from which we extract these facts, states that he has not only vaccinated syphilitic children without ever seeing the vaccinæ in any way modified by the syphilitic diathesis, but that he has vaccinated healthy children from syphilitic infants without ever perceiving the slightest unpleasant results. The Societe de Chirurgie, through their reporter, M. Brocas, have pronounced absolutely in favor of the views of Messrs. Ricord and Cullerier.—*British and Foreign Medico-Chir. Rev.*

*Three Observations of Adherent Pericardium.* By Prof. CEJKA. (Vierteljahrsschrift für die Praktische Heilkunde.)—In each of the cases related by Professor Cejka, the diagnosis of complete adhesion of the two laminæ of the pericardium was established during life, and confirmed by the post-mortem. In each there was adhesion between the pericardium and the costal pleura. The characteristic symptom in each case was the depression of one or more intercostal spaces over the heart at the time of the systole. The dulness over the heart was extended, and the sounds only feebly audible. The cases confirm Skoda's views on the subject, for which we may refer the reader to Dr. Markham's translation, p. 327.—*Ib.*

*The Cholera at Trieste.*—We learn from a gentleman who left Trieste on the 10th ult., that the cholera had raged there most frightfully from the 28th of May last, but was fast disappearing. During the months of July and August there were frequently as many as one hundred and twenty cases, and fifty deaths per day. The American Consul, William A. Buffum, Esq., remained faithfully at his post during the whole season, notwithstanding the panic among the residents, and there has been some talk of presenting him a handsome testimonial.—*N. Y. Commercial Advr.*

*Cholera Statistics.*—Florence papers publish a table showing the frightful ravages of cholera during the past two months. In the Duchy of Parma there have been 13,372 cases, including 8020 deaths; in Modena and Reggio, 11,396 cases and 6566 deaths; in the grand duchy of Tuscany, 49,618 cases and 25,941 deaths; total, 40,527 deaths. If to these be added the mortality in Lombardy, exceeding 50,000, and a similar number in the Roman States, a total will be shown of no fewer than 150,000 victims. Pestilence is more destructive than the sword.—*Transcript.*

*City Mortality.*—There were 335 deaths in New York City during the past week, namely:—57 men, 65 women, 118 boys, 95 girls—a decrease of 15 on the mortality of the week previous.—*Ib.*

*Longevity.*—A remarkable illustration of the salubrity of the New England climate, at least in many places, was mentioned the other day by Dr. Humphrey. Within about six months there have been twelve deaths of aged persons in or near the village of Pittsfield, Mass., whose ages averaged eighty-two years. The entire population of the town of Pittsfield, by the census in 1853, was 6,500, of whom probably about 5,000 are comprised in the limits referred to.—*Independent.*

The Virginia Medical Journal gives a list of *forty* physicians who fell victims to the yellow fever in Norfolk and Portsmouth, last summer and autumn.



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## SUCCESSFUL REDUCTION OF A DISLOCATED RADIUS ON THE FORTY-EIGHTH DAY.

BY ALFRED HITCHCOCK, M.D., FITCHBURG, MS.

[Communicated for the Boston Medical and Surgical Journal.]

FREDERICK, aged 8 years, son of Wm. Park, was brought to me the 28th of April, 1852, with dislocated radius. The dislocation occurred from a fall on the 14th of March, 1852, at Redbank, N. J., and no attempt had ever been made to reduce it. A "hydro-pathic surgeon" was called at first to prescribe for the boy, but evaded a diagnosis and dispensed with all mechanical treatment. One month after the injury, when the swelling and tenderness had disappeared, the family found, to their dismay, that the boy had a deformed and useless arm. They carried him to New York city and consulted the surgeons at the City Hospital, who very readily detected the nature of the injury and the malpractice of the hydro-pathist, but adopted no treatment. For certain reasons of a domestic nature the boy was brought to this village, and placed under my care at the time above designated. I found his arm in the following condition.

The fore-arm was slightly bent, but could not be brought to a right angle with the humerus. The hand could not be made to move more than fifteen or twenty degrees on its natural arc. The arm could not be forcibly straightened, and when flexed, the head of the radius struck against the anterior surface of the humerus, suddenly stopping its motion. The hand was half way between pronation and supination, and neither could be fully accomplished. Placing the thumb in the hollow of the elbow, and attempting rotation of the radius, its head could be distinctly felt resting upon the coronoid process of the ulna, and pressing against the humerus in the hollow above the joint; more closely, however, impinging upon the *inner* side of the *external* condyle. A fulness and deformity existed for three or four inches in length over the humeral end of the radius. There was no tenderness nor pain about the joint, unless force was used to bend or straighten the limb. Two physicians of this village examined the patient, and concurred with me in favor of an attempt at reduction. Accordingly on the 1st day of

May, 1852 (the forty-eighth day after the dislocation), I made the attempt in the following manner. The patient being thoroughly etherized, the humerus was placed over the end of the back of a settee and there held firmly by a strong assistant. I then seized the hand in the manner of "shaking hands," as directed by Sir Astley Cooper, and made powerful extension upon the radius. This extension was kept up some eight or ten minutes, when the ability to *flex* and *extend* the fore-arm was found to be greatly increased. I then grasped the elbow with my left hand, still continuing the powerful extension with the other, and by firmly pressing with my thumb on the head of the radius, in a few minutes it slipped, with a rough and crepitating snap, into its place, at the same time the fore-arm was brought into a straight position. A splint was applied, and the arm kept in the straight position for ten days.

A good deal of inflammation occurred, which was subdued by leeches and cold lotions. Passive motion was then practised, and was continued by means of an angular screw splint for two months. The tenderness had now disappeared, although a little tumefaction and induration still existed over the head of the radius. The motions of the joint were perfectly restored, with the exception of extreme flexion. The ung. hydr. iod. was used on the joint for several weeks, and active use of the limb enjoined. Three years afterwards, this boy's elbow was without the least deformity, and was perfect in all its motions.

Within a month past I have been called by a neighboring practitioner to assist in diagnosing an injury of the elbow, with great deformity, in a boy 13 years of age. The case proved to be dislocation of the radius backwards and external to the condyle. The same means for reduction were used as in the former case, with the exception that after due extension was effected, the fore-arm was flexed to a right angle, the hand supinated, and the limb thus fixed by a rectangular splint. In confirmation of the assertion so generally made by surgical authors that "these dislocations of the head of the radius are very rare," I may here state that these two cases are all that have occurred to me during nearly twenty years' practice. The *partial* dislocations of this bone *are not rare*, and have been quite frequent in my practice.

December, 1855.

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## MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO. VIII.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

### *Cases of Erysipelas—(Continued.)*

CASE XXII.—W——, musical instrument maker, native of Vermont, age 34. Came from Union street. Four weeks ago had



ophthalmia. Entered with erysipelas and mercurial sore mouth on the 1st of February, 1850. Got a dose of oil on entrance.

Feb. 2d.—Quite deaf. Tongue white and dry. Both eyes closed from swelling of the soft parts. The whole face, below the eyes, livid, swollen, and œdematous. No eruption behind the ears. Slight redness on the forehead. Pulse 96, full. Cold water to face. Quiniae sulphatis gr. i. every two hours.

Feb. 3d.—Delirious. Pulse 108 and small. Otherwise no change. To have half an ounce of wine every three hours.

4th.—Pulse 92. Eyes closed and discharging pus. Delirium continues.

5th.—Erysipelas passing down the neck and behind. Delirium continues. Pulse 100. Whole diseased surface to be painted with a solution of nitrate of silver in water (ʒij. to the ʒ i.)

6th.—No passage of the eruption beyond the painted surface. Pulse 92. Still delirious. Urine passed involuntarily.

7th.—Failed rapidly, and died this A.M.

CASE XXIII.—B——n, a Frenchman, formerly an auctioneer in this city. Has been resident in the house for two or three months. Probably over 70 years old. Very feeble, and since entrance has lived in what is called the male infirmary, a room adjacent to the male hospital, equally devoid of ventilation, cold, and foul to the sense of smell. In the night of Feb. 15th, 1850, had a chill.

Feb. 16th.—Saw him for the first time. Quite feeble. Unable to talk. No appetite. No difficulty of respiration. Passes his urine and fæces involuntarily. Whole face livid, shining and swollen. Skin of nose cracked, with serum oozing from its surface. Tongue dry. Pulse 100, small. To have quiniae sulphatis gr. i. every two hours, and half an ounce of Madeira wine every three hours.

17th.—Delirious. Eyes closed by the increase of swelling. Pulse feeble, irregular and cannot be counted. Has taken brandy in the place of wine. Continue quinia every hour, and half an ounce of brandy every three hours.

Feb. 18th.—Failed.

19th.—Died at 9 A.M.

CASE XXIV.—A. T., stone cutter. Temperate. Entered from city night of Feb. 16th. Erysipelas began two weeks ago, and is disappearing. Discharged well Feb. 22d.

CASE XXV.—*Erysipelas accompanying Varicella.*—Henrietta Chestnut, six months old, residing in the lower entry of the house, after slight febrile paroxysm, broke out with varicella on the morning of Feb. 19th, 1850.

Feb. 21st.—One of the vesicles on the inner side of the left calf has become pustular, and from it erysipelatous inflammation has begun to radiate. This morning it covers the whole leg from the malleolus to the upper third of the limb, which is dark-red and swollen. The surface to be surrounded by a line drawn with nitrate of silver. To have one eighth of a grain of quinine and one ounce of Madeira wine every three hours.

22d.—Vesicles have not become pustular. Erysipelas has crossed the line. Repeat the nitrate, and continue treatment.

23d.—Vesicles diminishing in size. Erysipelas has again crossed the line, reaching to the toes below, and to within an inch of the hip-joint above. Sleeps well.

24th.—The vesicles are hardly perceptible. Erysipelas covers the whole extremity and nates of the left side. There is also a small patch on the right calf. The left knee has regained its natural color. Cover the surface, wherever the erysipelas shows itself, with tincture of iodine.

25th.—No extension on the left side. On the right it is extending. Repeat iodine, &c.

26th.—No extension of eruption in any direction. Fading in centre. A few new vesicles of varicella appearing on the face. The left foot very much swollen, on which account it was scarified with the lancet. Treatment to be continued.

27th.—No vesicles. Eruption of erysipelas disappearing. Died at 5 P.M.

CASE XXVI.—Alice C., Irish, aged 19, came from Waltham and admitted to hospital Feb. 27th, 1850, with amygdalitis.

Feb. 28th.—Had severe headache and foul tongue with thirst. Got an emetic.

March 1st.—Erysipelas of right ear. Headache. Pulse 124. To have gr. i. of sulphate of quinia every three hours, and beef tea *ad libitum*.

2d.—Pulse 120. Disease not extending.

3d.—Pulse 124, feeble. Erysipelas extending forwards upon cheek.

4th.—Pulse 116, feeble. Erysipelas covers the lids of both eyes and has appeared on the left elbow. All the parts are much swollen. Tongue yellow and dry. Delirium at night. Increase the quinia to a grain every hour.

5th.—Pulse 104 and very feeble. Has taken since last visit half an ounce of wine every two hours, in addition to the medicine. No increase of the eruption. Continue treatment.

6th.—Pulse 96. Erysipelas on arm disappearing, not extending on face. Tongue moist and cleaning at the edges.

7th.—Face desquamating fast. Pulse 72. Omit medicine.

8th.—Yesterday P.M. Mr. Shaw reports the pulse began to fail in strength and increase in frequency. The treatment was renewed and the patient rallied. At 10 A.M. to-day, pulse 64, of good strength. Feels comfortable.

10th.—Up and dressed.

13th.—Discharged well.

CASE XXVII.—Mary D., Irish, aged 40, entered Female Hospital from 17 Washington Square, on the 1st of March, 1850, with erysipelas of right ear, cheek and eye, which is nearly closed. Disease extending into scalp. Has been sick since night of Feb. 26th; has headache and a feeble pulse of 96. Dejection to-day. Has



had no treatment. To have two grains of sulphate of quinia every six hours, and the part to be painted with tincture of iodine.

2d.—Disease has extended to the other side, covering about an equal extent of surface. No delirium. Pulse 72. Continue treatment.

3d.—No pulse to be felt at wrist. Pulse at heart 60, and feeble. Eyes nearly closed. Face much swollen and dusky.

4th.—Erysipelas has not extended. Had a good night. Pulse 76, but not to be felt in either artery, in either wrist.

5th.—Same.

6th.—Decided improvement. Eyes open. Face not excessively swollen. Skin peeling off.

7th.—Pulse at wrist 64. Feels well. Continued to improve.

March 13th.—Discharged from treatment.

CASE XXVIII.—Mrs. A., English, aged 60. Sick in lower entry of house since night of Feb. 28th. Removed to Female Hospital, March 3d, 1850. Says her illness commenced with sore throat. Now, no soreness of throat. Pulse rapid and feeble. Tongue yellow in the centre and dry; clean at tip and edges. To-day, erysipelas of right side of nose and right lower eyelid began. No dejection for several days. Surround erysipelatous surface with tincture of iodine. To have three grains of sulphate of quinia every six hours. To take immediately ten grains of pil. aloes and myrrh. Broth and beef tea *ad libitum*.

March 4th.—Pulse 116, feeble. Erysipelas covers both eyes and nose, and is extending into hairy scalp. Was delirious last night and is wandering occasionally to-day. Continue treatment.

5th.—Delirious. Pulse 116. Face very livid and much swollen. Continue treatment.

6th.—Pulse 116. No extension of disease. Both eyes closed.

7th.—Pulse 96. Tongue cleaning. Eyes open. No delirium.

8th.—Pulse 100. Occasional delirium. Eyes closed again. Change cannot be accounted for, as the treatment has been the same from the first.

9th.—Erysipelas on back of neck. Her chin is the only part of the head not now affected. Pulse very rapid and feeble. Skin cold. To have half an ounce of wine every two hours in addition to other treatment.

10th.—No delirium. No extension of the disease.

13th.—Has been stationary for two days. Skin of face desquamating. Erysipelas over both deltoid muscles, and descending on the outer surface of left shoulder into the axilla. No dejection for four days. Pulse 92, very feeble. Skin cool. No delirium. To have two compound cathartic pills.

14th.—Erysipelas appearing on small of back and on thighs. Pulse 92.

15th.—No increase of disease. A little delirium.

16th.—Face desquamating freely. Tongue dry and hard. Refuses wine. Asks for boiled ham, and will take no other food be-

cause she cannot bear it. No dejection as yet. To have ten grains of pil. aloes and myrrh, followed in two hours by half an ounce of castor oil. Had six dejections in two following days.

March 21st.—Reports that she does not sleep. Lies with her head beneath bed-clothes. Talks incessantly and incoherently. Irritable at times, and again laughs and is good natured. Refuses food. Omit medicine and substitute one quarter of a grain of sulphate of morphia, to be repeated if necessary p. r. n.

22d.—Slept quietly after one dose of morphia. Has eaten heartily this morning. More reasonable, but still wandering.

23d.—Pulse 92. No dejection for two days. Sleeps better. To have half an ounce of castor oil.

28th.—Skin is almost relieved of the appearance of the disease. Remained, however, under treatment up to April 6th. Still maniacal.

CASE XXIX.—Maria J., Portuguese. Inmate of house. Admitted to hospital March 12th, 1850, with erysipelas. Has had sore throat for three days. Began to complain last night of heat and soreness about eyes. There was slight œdema about the left eye then. Now, erysipelas about both eyes. Left much swollen and closed. Tongue moist and covered with a white coat. Pulse 92, feeble and soft. To have six grains of sulphate of quinia every six hours.

13th.—Pulse 96, moderately strong. Eruption not extending. No headache.

14th.—No increase of disease.

17th.—Improving. Can open left eye. Omit quinia.

20th.—Discharged.

CASE XXX.—Alethea W., aged 25. Entered from the city on the evening of March 20th, 1850. Erysipelas began two or three days since. On her entrance Mr. Shaw gave a grain of sulphate of quinia, to be repeated every two hours.

21st.—Pulse moderately full and strong. Has had no dejection for a week. Cheeks, nose and lower eyelids swollen with erysipelas. Quinia to be continued, and castor oil and turpentine to be taken.

22d.—Pulse 96. No delirium; no headache; hears well. Erysipelas covers the whole face and extends into the scalp. Face very much swollen. Eyelids closed. Treatment to be continued, and solution of sulphate of iron to the face.

23d.—Eyes open. Disease extending down so as to cover the neck in front as far as the clavicles. By blunder of the watcher she got one ounce of the solution of sulphate of iron, equal to fifteen grains of the salt, in place of the quinia. Pulse 96, full. Disease decreased rapidly from this date.

March 30th.—Discharged.

CASE XXXI.—Mrs. B., aged 40. In Female Hospital a week on account of vomiting, nausea and constipation. Had experienced but little relief. Was discharged from the House of Correc-



tion within a few weeks, where she had been for drunkenness. For several days past has been troubled with mania a potu, and her nights have been rather sleepless. Brandy and water have been used with some success.

March 21st, 1850.—Nurse reports that she has had a better night and was less talkative. No dejection for two days. Complains of pain in head, left ear and under left side of jaw. Left ear swollen. Pulse 100, full and strong. To have castor oil and turpentine, and afterwards ten grains of sulphate of quinia.

22d.—Four hours after the quinia her headache was less. There was no ringing in the ears. The cathartic operated thoroughly. Pulse 144 and small. Complains of great headache. No vomiting. Has been delirious at intervals. The erysipelas covers the left ear, angle of the jaw, and at least one third of the left cheek. To have a grain of sulphate of quinia every two hours, and half an ounce of wine every hour.

23d.—Slept little last night. Occasional delirium. By same blunder as in case XXX. got fifteen grains of sulphate of iron, in solution, instead of quinia. Tongue black, but moist. Pulse as yesterday. Erysipelas covers left ear and cheek and the hairy scalp, leaving the right cheek and forehead free.

26th.—Whole face swollen and purple with erysipelas, which is evidently increasing. Increase quinia to two grains at a dose.

28th.—Quite delirious. External signs of the disease abating.

29th.—Pulse 92. Skin peeling off.

31st.—Pulse 108. Tongue dry and cracked.

April 1st.—Quite cold. Pulse 92, very feeble. Tongue dry and cracked. Respiration stertorous. Easily roused.

4th.—Has continued in much the same condition. The disease has appeared on the left elbow, and the joint is full of fluid.

5th.—Quinia stopped, as it is beginning to nauseate the patient. She is much reduced, and haggard. Tongue dry. Delirium less. To have an ounce of wine every hour.

8th.—Has been improving. Delirium has ceased. Opened a large abscess on left olecranon, which gave issue to two ounces of bloody pus.

10th.—Opened an abscess on the vertex. Mind clear.

12th.—Still improving. Opened another abscess on occiput, and in the left elbow a second one.

To April 16th, constantly improving. This day, the abscess in the left elbow extending upwards, it was laid open the length of the director.

19th.—Very comfortable. By order of the Overseers of Cambridge, was removed to that city.

## TINCTURE OF IODINE IN ORCHITIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—If you think the following cases would be of service to your readers, they are at your disposal.

CASE I.—Mr. A. called on me Sept. 4th, complaining of severe pain in right testis. On examining the case, I learned that for three or four weeks he had been troubled with gonorrhœa, and had been taking medicine from a druggist wholly ignorant of the real nature of the disease. The discharge from the urethra stopped suddenly, and the testis commenced swelling; at the time I saw the patient, it was of the size of a large goose-egg. The spermatic cord was also very much swollen. I applied the tincture of iodine, and ordered a cathartic, rest in bed and a hot fomentation of hops. The next morning the tenderness was removed and the swelling reduced one half. I applied the iodine again with a small brush, and continued the hops; on the third day there was no pain, the swelling was almost gone, and the discharge from the urethra re-appeared, but yielded to a few injections of a solution of nitrate of silver, and the patient was well in one week.

CASE II.—Sept. 19th.—Mr. C. called on me, complaining of great pain in the testicle and spermatic cord, both of which were very much swollen. He said he had fallen upon the corner of a box. There was no appearance of gonorrhœa. I applied the tincture of iodine, and ordered rest in bed, with a dose of salts and senna, and a fomentation of hops to the testis, to be changed frequently. The next day there was no pain, except on pressure, and the swelling was reduced one half. I continued the treatment as before. On the fifth day the patient was well.

CASE III.—Mr. D. called on me with orchitis resulting from a gonorrhœa badly treated by a druggist with strong injections. The discharge from the urethra stopped, and the testis became very painful and much swollen. I applied the tincture of iodine, ordered rest in bed, a brisk cathartic, and a hot fomentation of hops. The swelling subsided, and the pain ceased in twelve hours. The next day the discharge from the urethra re-appeared, which readily yielded to treatment by injections, and the patient was well in one week.

CASE IV.—Mr. E. called on me Nov. 28th, with swelled testis, the result of quack treatment of gonorrhœa. I applied the tincture of iodine, and ordered rest in bed and the hop fomentation, with the same success as before. I applied the iodine with a small brush, once a day. The iodine caused a considerable exfoliation of the cuticle. I was led to this use of iodine from the good effects I have often witnessed from it in cases of erysipelas. I have known of cases of orchitis lasting a long time under the common treatment, and I am unable to say how much good the iodine did; but I am disposed to believe that it was the chief agent in effecting a cure. Will some of our brethren try it?

ISRAEL N. SMITH, M.D.

*Haverhill, Mass., Dec. 7th, 1855.*



## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

AUGUST 27th. *Glandular Growths out of, or at a distance from, Glands.* Dr. HENRY J. BIGELOW made the following remarks for the purpose of "taking date" in reference to certain observations.

Formerly, many tumors obtained, indiscriminately, the name "*glandular*"; subsequently, the term "*fibro-plastic*" was introduced as designatory of the same class; but finally, many thus called were found really to possess glandular structure. Lebert described certain growths as "*hyper-trophied glands*"; the structure being like that of the *secreting* glands; botryoidal; irregularly lobulated, though imperfect in ducts. This title does not sufficiently characterize the sort of tumors referred to. Tumors beneath the ear are apt to develop this glandular structure; in the mammary glands, nodules of it may often lie deeply imbedded. In masses thus formed, it is not unnatural to suppose that the new growth might take on the same formation which belongs to the gland, in, or near to, which it is developed. Another, different growth, of a more *pervading* description, has been styled glandular; the tissue of the gland in which it arises, is apparently infiltrated with the new growth. Dr. B. said that some years since he had reported instances of the former variety of growth being found *at a distance from any gland*; and, consequently, in no wise associated with glandular structure. He had observed this in the cervical region; and three years ago he removed a tumor from the *soft palate*, which exhibited a distinctly glandular formation. From its situation we have a direct proof of its independence of glandular tissue in the natural state. A still stronger case is the occurrence of a mass of this glanduliform structure within the diseased shell of a lower jaw-bone which Dr. B. had removed. He had, in a third case, removed the same tissue from the antrum.

Dr. Bigelow remarked that he had mentioned his views, incidentally, to Dr. HASTINGS, of California, who told him that M. ROBIN, with whom he had been lately studying, had conceived the same idea of there being certain *extra-glandular growths*. Since then, Dr. B. had seen a statement in one of the French journals of these views of M. Robin. But he had now to report a still more remarkable phenomenon, viz., *true glandular structure occurring in a case of melanotic cancer on the instep*.

Within a fortnight, a man came to him with a tumor upon the instep; small; about the size of an almond; with two black points upon it. Dr. B. had some suspicion of its being *melanotic*; on its removal, he found it to be unequivocally of that nature; but under the microscope, its structure was also *glandular*; yet it was, also, cancerous. Recurrence of the disease, after fifteen years, had taken place in this patient, who, at first, had it upon one of his toes, and which was then amputated. It was thought by one of the surgeons who attended him to be "*dry gangrene*;" by another, it was pronounced "*cancerous*." This same patient has a diseased gland, of the size of a pullet's egg, in the corresponding groin. Dr. Bigelow supposes it to be melanotic.

Dr. SHAW said that M. Robin, in the article alluded to by Dr. Bigelow, had lately reported to the Parisian Academy the discovery of extra-glandular tumor eight times in five hundred and fifty cases of *promiscuous tumors*.

AUGUST 27th. *Disease of the Heart, Dropsy, Pleuritic Effusion; Thoracentesis; Death; Autopsy.*—Dr. BOWDITCH gave the following account of the case.

Mrs. —, 40 years of age, American, for the past few years resident in the State of Illinois, had never had any long illness previously to the present one. From her early years, however, she has been easily "put out of breath" on exertion, or on going up stairs, and was somewhat asthmatic. There was some palpitation of the heart for months before this attack.

The existing illness began last January, after driving for several miles during a very stormy night. She was exhausted, and extreme dyspnœa came on just after her arrival at her own house; there was, also, an unusual degree of palpitation. For the two or three days succeeding this, she attended to extra family duties, but with increasing dyspnœa. Cough began towards the last of March, and by the first of April was very severe, accompanied, at times, with profuse frothy expectoration. There was pain in the left side and she was unable to lie upon it. Under medical care she slowly improved, but in May last, after exposure, she had a relapse, from which she had but partially recovered, when, about five weeks since, she determined to leave Chicago. She bore the journey with much difficulty, and on her arrival was nearly exhausted; the dyspnœa became so intense as wholly to prevent her assuming the recumbent posture; there was also excessive palpitation of the heart from the first of her illness. She had taken but little nourishment, but had drunk (as Dr. B. subsequently heard) enormous quantities of brandy and laudanum, daily, and from the commencement of the attack; she had, for years, been addicted to the use of laudanum. There had been some pain in the left side of the thorax; her appetite was wholly lost, although it improved, somewhat, during the journey; her bowels were regular. She had had decided œdema of the legs and a slight degree of swelling of the abdomen.

When Dr. Bowditch first saw her, she was sitting up, and in great agony from difficulty of breathing; her countenance was somewhat livid; her legs were enormously swollen, and a serous fluid was exuding from them in large quantity from acupunctures made by her husband. Her pulse was at 96, very *obstructed* in its motions. The mind was somewhat weakened. On percussion the whole of the right chest was flatter than the left, and there was complete dulness below the angle of the scapula, changing with the change of posture. No respiratory murmur heard over the right chest; some distant crackling in the right back, on full inspiration. Respiration puerile and pure over the whole of the left side of the chest. The sounds of the heart were exceedingly rapid and entirely wanting in rhythm; no distinct bellows-murmur. The cardiac impulse corresponded to the above-named sounds, but was feeble. Dulness over the region of the heart rather more extended than normal.

The patient was evidently destined to die if she remained in the condition just described; there was absolutely no hope, under such circumstances, nor indeed could there be any reasonable expectation of an *entire* recovery from what was undoubtedly an organic disease of the heart, even if relief from the immediately urgent symptoms were procured. Nevertheless, it was thought there was reasonable ground for believing, that if the fluid accumulated in the thorax were removed, a temporary relief would be procured, and possibly a return of comparative health might be realized.

On recurring to his notes, Dr. B. said he had found that having punctured the chest ninety-one times within the past few years, he had never seen any immediate evil result, and there had always been a temporary relief if fluid had been drawn off. Accordingly, Dr. B. suggested the operation. It was performed on the 22d of August, in the afternoon, the puncture be-



ing made between the eighth and ninth ribs, below the angle of the scapula ; eighteen ounces of yellow serum were removed. This quantity was less than he had expected to take away, but the patient complained, from the moment of the trocar's passing between the ribs, of a severe pain, shooting to the front of the chest. This increased to a great degree, and the already highly nervous condition of the patient seeming to be very much aggravated by it, Dr. B. finally desisted. The trocar being withdrawn, the patient, in about half an hour, appeared like a different being. The pain had subsided ; the respiration was much easier ; the whole aspect of the countenance was altered from that of horrible anguish to that of comparative ease. Dr. B. directed one half an ounce of brandy three times daily, with fifteen drops of tincture of opium, to be repeated as often as needful, if there were severe pain ; but it was advised that neither the brandy nor the laudanum should be used so freely as they both had been up to the period of the operation. If suffering during the night, she was directed to send for Dr. C. ELLIS.

About half an hour after Dr. B. left the room, the patient was seized with a most violent pain in the right *iliac* region. This soon became very excruciating, and she begged for brandy and laudanum. Both were given, as directed, but less freely than the patient wished for. The night was passed in great distress and she suffered fearfully from orthopnœa. Dr. Ellis saw her about 4 o'clock in the morning of the 23d of August, and prescribed valerian and ammonia, she being then in a highly nervous state, but not, as he thought, in immediate danger. The symptoms, however, continued to increase in severity, and when Dr. B. saw her at 8 o'clock, A.M., she was livid, sweating profusely, the hands and feet were cold and the pulse scarcely perceptible. Brandy and laudanum were now allowed in accordance with the desire of the patient. (Dr. B. subsequently learned that, previously to his visit, the patient had taken, contrary to the wishes of her attendants, about one half a tumbler of brandy.)

During the half hour ensuing, she took from sixty to seventy drops of laudanum, with great diminution of the distressing symptoms. She however gradually sank, and died in a few hours.

*Autopsy*, at 8 o'clock, A.M., of August 24th ; Dr. Ellis assisting.

Great lividity of the face, left shoulder and back. No inflammatory appearances about the point of puncture, nor, indeed, anywhere else. The trocar had perforated the pleura, and within the thorax there was a quart of yellow serum, without a trace of pus or lymph. The *pleuræ* were congested, generally, as were other parts, apparently from obstruction, not from inflammation. Numerous little old ulcers, superficial, and about a line in diameter, were noticed upon the costal surface. The point of puncture had been chosen below the angle of the scapula, and a probe, passed through it, to the depth of an inch or more, into the thoracic cavity, was two inches above the highest part of the diaphragm, and about the same distance from the lung, which was bound down, in a rounded, lobulated form, to the vertebræ. The *diaphragm* and *lungs*, carefully examined, presented no signs of laceration from the trocar.

The lung, on removal, seemed healthy, but could be only partially, and with difficulty, inflated. It had a smooth, pale, polished aspect, owing to a dense, thin membrane which extended over the whole of it. On incision, the substance of the lung was found to be healthy. The right lung crepitated everywhere. There were a few old adhesions at the back part of it. On incision, it was found normal, and was not greatly congested.

The *heart* was quite large; a little fluid was found in the pericardium. A white patch of old lymph upon the surface of the left ventricle; no marks of recent inflammation. The right cavities were enormously distended with black, grumous blood. The left auricle was twice as large as in health, while the left ventricle seemed rather smaller than usual. The mitral valve consisted of a bony slit, about one inch long and one or two lines in breadth. The fore-finger would not pass through it. The other valves were not particularly morbid.

The *liver* was rounded at its edges, granular and deeply congested.

*Intestines* distended with flatus, but not a trace of inflammatory action was found anywhere in the peritoneum, and nothing to account for the severe pain in the iliac region.

*Kidneys* small; not very morbid, but somewhat congested.

*Uterus* of medium size; *ovaries* hard and white.

Dr. B. remarked that he reported this case principally because it was the first time, after over ninety operations, that he had seen death occur so soon after thoracentesis. The autopsy revealed the fact that no laceration of any important internal organ had been made by the trocar. The death was explicable only upon the supposition of the effect produced upon a "brandy-logged" constitution, which was nearly worn out by the combined effects of the cardiac disease, the fever consequent thereupon and the previous habits of the patient. Perhaps it would have been wise to have used the brandy more frequently than was done after the puncture; but as he had ordered laudanum *pro re nata*, and half an ounce of brandy three times daily, Dr. B. had no reason, *a priori*, to think that the patient would want for stimulus. If called to a similar case, he would undoubtedly feel obliged to act in a like manner; except that he would leave the giving of stimulants more discretionary with the attendants.

The absence of distinct bellows' murmur with obstruction of the mitral valve, and the want of rhythm in the action of the heart, were in accordance with the writings of authors and with Dr. B.'s own experience.

AUGUST 27th. *Panama Fever, its best treatment, &c.* Dr. BETHUNE said that he had lately attended a patient with this disease; he had never, previously, seen a case. The patient crossed the Isthmus of Panama on the first days of the present month and embarked immediately; he was first attacked with chills, and has since had fever of a remittent form. After a time this began to assume an intermittent character. Dr. B. asked, what is considered the most approved treatment; and if it were best to give quinine before the fever became decidedly intermittent, after having been originally remittent? He referred to the deceptive nature of the fever and its liability to recur—this is its reputation universally.

Dr. BIGELOW, Sen., thought that the treatment must depend upon the character of individual cases; the form of fever in certain of these patients is closely akin to *yellow fever*; there are those, even, who die with "*black vomit*" in what is termed "*Panama fever*," and in a few days after the attack. In others, the form is perfectly intermittent, yet attended with yellowness of the skin. Such cases as these last, Dr. B. has found to recover under quinine; and he would submit that in Dr. Bethune's patient that remedy would be of service.

Dr. COALE remarked that he had had several cases of Panama fever; it so happened that he once had three under treatment at the same time. Experience has taught him that quinine should be given as soon as the bowels are thoroughly cleared. In one instance where the feverish action ran high,



and he could hardly believe that quinine would be beneficial, it answered the purpose admirably. As Dr. Bethune had stated, this fever has the just reputation of being exceedingly deceptive in its nature, and patients should be carefully watched. Recurrence is not infrequent. Dr. C. has used the extract of dandelion largely in recovery from this fever, continuing it until the tongue is permanently clean. He believes it in the end equally efficacious with blue mass, and leaving no bad effects. The liver in most, if not all cases, requires this attention.

Dr. STORER said there were at this time two patients in the Massachusetts General Hospital with Panama fever. One has had chills; the other, none. Both are doing well upon *quinine*. There are generally a few cases of this affection at the hospital every year. During four months of his attendance there have been six cases.

Dr. BLAKE was sent for by the friends of a man who had this disease. The patient told him that he was not in need of his services; that he could treat himself with *quinine* and had no fear of the result. This treatment is universally adopted in California and on board the transit steamers.

AUGUST 27th. *Mucus in tubular form passed from the Bowels.* Dr. ELLIS exhibited this to the Society. It was sent by Dr. INCHES, and had been passed *per anum* by one of his patients, a female, who had lately been confined, and who had done well with the exception of some trouble with her breasts. There had been no affection of the bowels, but the discharge of mucus was preceded by slight nausea and accompanied by a sensation as if something were passing with difficulty. The mucus was of dense consistence and formed into a tubular shape.

Dr. BIGELOW, Sen., asked if injections had been given in the case of this patient? Any enemata will, in certain persons, cause the passage of similar mucous tubes.

Dr. Ellis stated that no enemata had been given or required.

SEPTEMBER 10th. *Prolapsus Uteri; Ulceration; Replacement of the Organ; Abortion.* Reported by Dr. STORER. A female patient, now at the Massachusetts General Hospital, was confined in November last. After a long illness, her child died in April. The mother was much exhausted by her watching, and suffering also from uterine derangement, entered the hospital a few days since. The *cervix uteri* was found elongated to the extent of from two and a half to three inches, and the organ itself prolapsed. The os, which protruded from the external organs, exhibited an ulcer an inch in diameter; this had been cauterized previously to her entrance, and presented, generally, a healthy aspect. As it could not but be irritated by the external air, and the hairs which were lying upon it, the prolapsed organ was reduced; and the patient, who had previously been sitting up, ordered to bed. The following night the house physician was summoned to attend her while suffering severe pain; and a fœtus of three and a half to four months was expelled.

### Bibliographical Notices.

*Transactions of the American Medical Association. Vol. VIII.* Philadelphia: Printed for the Association, by T. K. & P. G. Collins. 1855. Pp. 763.

To judge by the bulk of the volume which we have within a few days received, we should say that no less industry has been at work during the

year than has characterised previous issues. From personal knowledge we can testify both to the zeal and harmony which pervaded the large assembly of delegates last May, and we have already expressed our acknowledgments for the elegant and appropriate reception awarded to the Association by their brethren of Philadelphia.

The various reports contained in this year's Transactions are certainly second to none in importance and practical value. While it is impossible for us to present an adequate idea of any one of them, we can truly say that all command the admiration of the profession and show great accuracy, research and devotion to our art.

It was our good fortune to hear those by Drs. Hunt, Hamilton and Hooker, and a large part of that on "The Effects of Alcoholic Liquors in Health and Disease," by Professor Mussey. Since the reception of the book we have glanced at most of the others. The names of the authors alone are a sufficient assurance that their papers will be of permanent value.

Professor Hamilton's Report on Deformities after Fracture occupies ninety-four pages, and is illustrated in a highly creditable manner. It is unnecessary to state the great importance of the subject; it is admirably treated and will add to the already enviable reputation of the writer.

Dr. Hooker's Report on the Diet of the Sick contains a vast deal of very judicious comment and instructive remark.

Dr. Mussey's Report covers only fifteen pages; it is carefully prepared, and takes ground against the use of alcohol entirely, in health, and nearly so in disease. How much favor all his views will secure we cannot say. Lately, on the other side of the water, we have had alcohol advocated by quite high authority as nutritive and useful. Thus do "doctors disagree." For our own part, while we are far from being inclined to excuse the least excess, we certainly believe that Providence has made nothing in vain, and that no one can argue from the *abuse* against the *use*; nor do we quite concur in classing alcohol, at least in certain of its forms, with "arsenic, strychnia," &c. In some diseased conditions Dr. Mussey allows its efficacy,—but it is for him only the medicinal efficacy of a "poison," not remedial by any more kindly action. It does seem to us that while there may be danger in the case of certain persons using alcohol, either in health or disease, in many instances of the latter nothing else will fulfil the indications; however, those who can drink nothing spirituous, not even wine, without going to excess, should certainly abstain. "Teetotalism," however, is an absolute, while "temperance" is a relative, term; a teetotaler is not, and cannot be, *temperate*, accurately speaking, because he is not tried.

We have found a great deal that is very valuable in other parts of the volume, the whole of which is exceedingly creditable to the Association as a body, and to the gentlemen so largely contributing. The "Prize Essay on the Statistics of Placenta Prævia," well deserves the reward it obtained, and the paper is a lasting monument of the industry and tact of the author. The more such undertakings are similarly carried out, the greater will be the gain both to the profession and to the public. We are glad to see that this valuable essay is issued in a separate form.

With its present prospects and past history the Association may well be satisfied, and we see no reason why each year should not give still more ample occasion for gratification and honest pride. We suppose that there has been full provision by payment of dues by the members, or else the volume could not have appeared; certainly the labor of getting it up is sufficient, without the embarrassment which a neglect of paying assessments always entails.



*Pronouncing Medical Lexicon, &c.* By C. H. CLEAVELAND, M.D., &c. Cincinnati: Longly & Brothers. 1855. 32mo. Pp. 302.

IN our last volume we noticed a "Lexicon" of similar dimensions, by Dr. D. Meredith Reese. We understand that this gentleman complains that Dr. Cleaveland has substantially re-printed his work, and that he is about to prosecute him for an infringement of the copyright. We have compared the two "Lexicons," and find that the charge is to some extent true. A considerable number of the definitions in Dr. Cleaveland's work are exactly the same as those in Dr. Reese's. On the other hand, many are quite different, and Dr. C.'s dictionary contains a large number of articles which are not to be found in that of Dr. Reese; in fact, although some words are omitted by the former author which are given by the latter, yet the "Lexicon" of Dr. Cleaveland has decidedly the advantage in point of copiousness. A new feature in the work is the pronunciation of the medical terms according to the Phonetic system. Considering the very small number of readers who are enabled to avail themselves of this aid, without more labor than most persons are willing to bestow, we regard this as a useless appendage. Both this work and that of Dr. Reese are quite inferior to Hoblyn's, except in point of bulk, and the difference in this respect is not enough to make it of importance.

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*The Anatomical Remembrancer, or Complete Pocket Anatomist.* Second American, from the Fourth London Edition. With Corrections and Additions, by C. E. ISAACS, M.D., Demonstrator of Anatomy in the University of New York. New York: Samuel S. & William Wood. 1855. 12mo. Pp. 265.

THIS little manual will be found of great utility to the medical student, being of such a size as to be easily carried in the pocket, for reference in the hospital, lecture-room, or dissecting-room. In the present edition several errors have been corrected, and some additions have been made, chiefly on the subject of hernia. It is for sale in Boston by Burnham Brothers, 58 and 60 Cornhill.

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*A Conspectus of the Pharmacopæias, &c.* By ANTHONY TODD THOMSON, M.D., F.R.S., &c. Seventh American Edition, much enlarged and improved. Edited by CHARLES A. LEE, M.D., Professor of General Pathology and Materia Medica in Geneva Medical College. New York: S. S. & W. Wood. 1856. 32mo. Pp. 322.

"THOMSON'S CONSPECTUS" is so well known and appreciated that it is superfluous for us to say any thing in its praise. It has passed through thirteen editions in London, and seven in this country. The present one contains above twenty pages additional matter by Dr. Lee. We only add, for the benefit of students and the younger members of the profession, that it is a most valuable epitome of all that relates to the Materia Medica. For sale in Boston by Burnham Brothers.

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*A Plea for the Establishment of Veterinary Colleges in the United States.* By JAMES BRYAN, A.M., M.D.

WE have already expressed our opinion of the importance of veterinary science, and of the urgent necessity which exists for the establishment in this country, of well-conducted institutions for its study. Dr. Bryan's pamphlet (originally printed in his Journal), will be read with pleasure by all who are interested in this subject.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, DECEMBER 20, 1855.
 

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## THE LATE COMMISSION ON LUNACY—THE LEGISLATURE AND THE PROFESSION.

IN our last volume, we noticed at some length the valuable labors of the Commissioners upon Lunacy, whose Report, so liberally supplied by the Legislature, is in the hands of all our readers in Massachusetts, and of many in other States. Quite lately, Dr. Jarvis has published in our pages a letter of acknowledgement to the Profession for the warm interest taken by its members in the project he had so much at heart, and which he has so admirably executed.

We cannot let the subject pass without a few more words of comment. The facts brought to light by the Commissioners proved to be an appeal, whose eloquence, louder than words, and more effective than any oratory, has wrought alike upon the minds and hearts of those whose action was needed. In no other way, indeed, could the results, upon which every one must look with pride and gratitude, have been obtained. It was only necessary to offer the convincing proof adduced by the Commission, to an appreciating body of men—the labor was great, but it has been well rewarded in the attainment of its objects to an extent which we believe the most sanguine could hardly have expected.

It may be well to advert, briefly, to certain of the facts which have come to our knowledge.

For a period of *seventeen* years there had been no new hospital prepared for the rapidly increasing numbers of the insane in Massachusetts, and no new accommodations, even, for six years, when a large and respectable Commission, after a careful and laborious survey, represented the necessity of action to the legislature of 1849, presenting facts sufficient to make their statements valid throughout. The appeal was fruitless, and nothing more was done till 1851, when the Taunton Hospital was decreed. It was built, and *filled* almost as soon as erected. Its occupancy dates back to April, 1854.

Within a year after this was effected, a proposition was put forward for a third hospital, grounding the application upon the array of undeniable facts which the Commission ascertained from the medical profession, in their recent survey of the State, and which showed the great number of the insane yet unprovided for, and their probable increase; and demonstrated the imperative necessity of further accommodations.

The proposition was received with favor, and found active friends in both branches of the Legislature; the Committee on Charitable Institutions took charge of the Commissioners' Report, after having had it read to them in manuscript by one of the Commissioners. From the fact that it covered 350 pages, it may be imagined that much time was occupied in reading and hearing it. In fact, the Committee devoted several evenings to it with great cheerfulness. They were satisfied with its assertions (all ratified by figures), consented to its proposals, and recommended them to the Legislature for acceptance and fulfilment, and also that a large edition be printed for circulation throughout the State. The Legislature subsequently ordered the Report to be laid upon the table for further consideration, and



also that, in addition to the usual number of 1600 copies stricken off, 5,000 should be printed ; thus showing their entire appreciation of its value and pressing importance. Afterwards, 3,500 additional copies were ordered for the use of the Commission, and as many to be bound as were necessary for distribution among the physicians of the State, &c. In all, 10,100 copies were issued.

So fully were the members of the Legislature impressed with the undeniable need of all that was proposed by the Commission, that when the matter came up for decision and the voting of appropriations, there was no debate at all ; no speeches for or against the measure ; all were prepared to support it, and through every stage of the progress of the measure there was no dissenting voice or vote. There was not even a doubt manifested or a question raised, publicly, at any rate, as to its propriety. Truly this was a most gratifying thing to the Commissioners, who had toiled so well in a good cause, sadly neglected for so long a time ! Even the Governor, who had feared that the Treasury was already exhausted, and felt that he could sanction no more grants except such as were imperiously demanded, said that such an array of facts required his signature.

Not only was the law passed establishing this third Hospital, but the conditions, and the manner of imposing them, were altogether the most favorable. The bearing of the Legislative Committee, and of the members at large, towards the Commissioners (who in this case represented the Medical Profession), was a matter of peculiar satisfaction. The most agreeable relations were established. The Commissioners were requested to draw up a bill expressing their views ; the Committee on Finance, without hesitation, asked how much money would be required for the purposes desired to be effected, and at once accepted the stated sum (\$200,000) ; the Legislature unhesitatingly voted it, and the Hospital was established.

This is one of the freest and most liberal grants ever made in this State or elsewhere for charitable purposes. When the Worcester Hospital was created, small grants were made at different times. In the case of the Taunton Hospital, one half the requisite sum, only, was ordered at first ; thus the building and other operations were materially cramped and delayed. In the instance of the third Hospital, however, the whole \$200,000 was granted and made available at once ; the Building Commissioners knew the whole extent of their means, and that they were sufficient for all their purposes. These results are due to the confidence which the Legislature and men of influence have in the medical profession, and which each member placed in his own physician and others of his acquaintance, who he knew had contributed a part of the facts, and had apparently sanctioned the conclusions drawn from them.

The efforts of the Commission set the machinery in motion which operated so widely and so well ; and the willing concurrence of the medical men of the State was most effectual and gratifying.

As this is the first time that our whole (State) profession has appeared before the Legislature, and as in this they have been completely successful, it is a matter for congratulation, both on account of their almost universal co-operation and also of the manifest hold they have upon the confidence of the people and of those who represent them in the government. And it should furthermore encourage physicians to unite and exert themselves in any cause worthy of such an effort. How many such there are, and how much might be effected by the combined wisdom and strength of a profession, the vast majority of which is actuated by motives of the purest philanthropy !

The examples we have in the zeal and efficiency displayed by the Commissioners upon Lunacy, and in the noble concurrence of the Massachusetts Legislature of 1855, are, in their views and wishes, worthy of universal admiration and imitation.

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#### PROPAGATION OF YELLOW FEVER.

WE notice in a Mobile paper, an excellent letter, copied from the New York Journal of Commerce, on the subject of yellow fever, intended to answer the arguments of those who assert that the disease is spreading northward, and that in a few years the large cities in this section of the country will be subject to visitations like that which has desolated Norfolk and Portsmouth, in Virginia. The writer states, that although yellow fever, like other epidemics, is migratory in its invasions, it observes no particular direction in its course, in a given succession of years. It does, however, present this remarkable feature, in common with cholera, and many other epidemic diseases, that it every where respects *sanitary improvements*; and where sanitary and police regulations are neglected, the disease is most apt to prevail, provided that certain other conditions are present, namely, an elevated and humid state of the atmosphere, and solar radiation, acting on decaying vegetable matter, or freshly exposed earth.

The reason why yellow fever does not always prevail in certain localities, is that a combination of these conditions is necessary to its production. In Norfolk, in addition to the state of the atmosphere, which is generally hot and moist during the summer, the other conditions were supplied during the past season, by the removal of certain old wharves, which were in a rotten condition, and by the filling up of hollows with offensive soil from the bottom of the shallow stream near Portsmouth. This combination can in many places be easily prevented, especially in northern cities, and even in Norfolk, there is every reason to believe that an ordinary observance of sanitary laws would have greatly mitigated, if not wholly prevented, the recent pestilence in that city.

With regard to the question of *contagion*, the writer observes, one thing is universally admitted, that if a case of yellow fever be carried from a place where it prevails to a *healthy atmosphere*, no one fears its propagation; were it otherwise, the flying inhabitants of Norfolk would have infected the whole country, for hundreds of miles. It is only when the poison meets with a certain combination of favorable circumstances, that there is danger of its spreading into an epidemic.

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#### AMERICAN SURGEONS—THEIR STANDING IN EUROPE.

WE copy from the "Foreign Correspondence" in a late number of the New Hampshire Journal of Medicine, the following tribute to the skill of American surgeons, which, coming from so eminent an authority, is highly gratifying. It will be remembered that the report of Dr. Kimball's case first appeared in our pages.

"The two most prominent men in the Medical Faculty of Berlin are, probably, Langenbeck and Von Græfe. The former, the successor of Dieffenbach, as a surgeon, is second to no one in Europe, and his name is now quoted as the first surgical authority of Germany. The few American surgeons who have visited this city and made his acquaintance, will always remember the attention with which he receives our countrymen, and the pleasure and instruction which his conversation and public clinics afford. In personal appearance, Prof. Langenbeck is altogether prepossessing. He is



a slight built man, of about forty years, of a thoughtful countenance, and wearing the look of one who is constantly active but never exhausted. He speaks English perfectly, and often refers to the labors of English surgeons with evident admiration.

"I was surprised to find him so well acquainted with the names and success of the distinguished men of his profession in America. While spending an evening lately at his beautiful residence in the Thier Garten, he took occasion to express himself in the warmest manner in regard to Drs. Pancoast, Mott, Carnochan, Mussey and Warren. He spoke of Mr. Guthrie's first idea of chloroform, and the discovery of the application and advantage of ether in surgery, as entirely originating with us. He praised the success of our surgeons in many operations, in which those of Europe are quite unfortunate; and I remember his speaking, in particular, of the operations of his personal friend, Dr. Kimball of Lowell, in abdominal surgery, as being altogether unsurpassed upon the continent. Dr. Langenbeck has had but seven cases of ovarian tumor in which he has performed the long Cæsarian section, and five of these died of secondary peritonitis. In none of them was there any thing to counter-indicate the operation. Dr. L. thinks that the influence of climate is of great weight in the success or failure of this class of cases. It is worth a remark, that Dr. Langenbeck's uncle was successful in extirpating one uterus, but this was taken out below, and not by the abdominal section. He regards the celebrated case of Dr. Kimball as unprecedented in surgery."

#### NEW SUPERINTENDENT OF THE STATE LUNATIC ASYLUM.

WE learn from the *Traveller*, that at a meeting of the Trustees of the State Lunatic Hospital at Worcester, on the 11th inst., Merrick Bemis, M.D., was unanimously elected Superintendent of the Institution, in place of Dr. Chandler, who resigned. Dr. Bemis has held the office of Assistant Physician to the Hospital for the last seven years, and is eminently qualified for the arduous and responsible office to which he has been elected.

*Books, &c., Received.*—A Classification of Tumors confounded under the name of Cancer. By Paul Broca. Translated by Geo. A. Otis, M.D.—Essay on Dental Surgery, for Popular Reading. By Geo. Watt, D.D.S., M.D. Cincinnati.—Address, introductory to the Course of Lectures in the St. Louis Medical College. By Charles A. Pope, A.M., M.D., Professor of Surgery. St. Louis, 1855.—An Introduction to Practical Pharmacy, &c. By Edward Parrish, Principal of the School of Practical Pharmacy, &c. Philadelphia, 1856. (From Ticknor & Fields.)—The Practitioner's Pharmacopœia and Universal Formulary, containing 2000 Classical Prescriptions, &c. By John Foote, M.R.C.S., Lond. With corrections and additions by an American Physician. New York. Samuel S. & William Wood. (From the Publishers.)—Valedictory Address to the Graduating Class, at the fifty-second Commencement of Castleton Medical College. By S. G. Perkins, M.D. Rutland, 1855.—Epidemics and Quarantine. A Lecture, introductory to the Winter Course at the New York Medical College. By Horace Greene, M.D., LL.D., President of the Faculty, &c. New York, 1855.—A Plea for the Establishment of Veterinary Colleges in the United States. By James Bryan, A.M., M.D.—Transactions of the New Hampshire Medical Society, for 1855.—An Introductory Address, delivered before the Class of the Medical Department of the University of Nashville. By John M. Watson, M.D., Professor of Obstetrics and the Diseases of Women and Children.

DIED.—In Natchitoches, La., 23d ult., Dr. Henry D. Wakefield, formerly of this city.

*Deaths in Boston* for the week ending Saturday noon, Dec. 15th, 78. Males, 38—females, 40. Accident, 1—apoplexy, 2—asthma, 1—burns, 1—congestion of the brain, 2—cancer in the neck, 1—consumption, 12—convulsions, 2—croup, 6—dropsy, 1—dropsy in the head, 5—debility, 2—infantile diseases, 6—puerperal, 2—dyspepsia, 1—erysipelas, 2—typhoid fever, 1—rheumatism, 1—disease of the heart, 3—hemorrhage, 1—inflammation of the lungs, 7—marasmus, 1—measles, 5—palsy, 1—purpura, 1—disease of the spine, 1—smallpox, 4—disease of stomach, 1—teething, 4. Under 5 years, 40—between 5 and 20 years, 4—between 20 and 40 years, 18—between 40 and 60 years, 3—above 60 years, 8. Born in the United States, 56—Ireland, 15—England, 2—Scotland, 1—British Provinces, 3—Germany, 1.

*Society for the Relief of the Widows and Orphans of Medical Men—No Dinner.*—The twelfth annual meeting of this Society was held in one of the rooms of the College of Physicians and Surgeons. The President (Dr. Isaac Wood) occupied the Chair. The minutes of the several meetings for the past year were read by the Secretary and adopted.

The report of the Treasurer was also read and adopted. From it we learn that the funds on hand amount to \$18,639 41; \$18,200 are invested in bonds and mortgages, at 7 per cent. interest, and the balance in the treasury amounts to \$439 41. Received for the last year, from every source, \$2,664 87; disbursements, \$240 75; number of members, 87—47 of whom are life members, and 10 members have joined within the last year; 7 life members made themselves benefactors by paying \$50 each, and two gentlemen became benefactors by paying \$150; one of those gentlemen was a layman; the present number of benefactors is 18—4 of whom are laymen; the Society has received a bequest of \$400.

A ballot was taken for the election of officers, when the following were re-elected:—

*President*—I. Wood, M.D. *Vice Presidents*—James Anderson, M.D., G. P. Canmann, M.D., H. D. Bulkley, M.D. *Treasurer*—Edward L. Beadle. *Secretary*—J. W. G. Clements.

The following Board of Managers were also elected:—Drs. J. L. Van Kleeck, Benjamin Ogden, J. R. Wood, Jacob Harsen, S. P. White, I. E. Taylor, T. M. Halstead. Dr. Detinold was elected to fill a vacancy which had occurred in the Board of Managers by the decease of a member.

The usual anniversary dinner of the Society will be dispensed with this year.—*N. Y. Times*.

*Trial for Mal-practice.*—The second trial of Dr. Snell, of Brooklyn, L. I., for mal-practice, has recently terminated in a verdict of \$3,000 for the plaintiff, being an addition of \$1,000 to the damages rendered at the last trial. The case was one of gangrene of the hand, with loss of several of the fingers, following a fracture of the humerus, near the elbow-joint, and caused, as the plaintiff alleges, by the pressure of bandages, too tightly applied, and allowed to remain on too long. The principal witness was Dr. Willard Parker. The verdict appears, from the report of the trial, to be just.

*Strange Hallucination.*—At a sale of the estate of the late Samuel Pointer, in Halifax County, the sum of \$600 was paid for a *mad stone*—a mineral, supposed to have wonderful healing virtues.—*Richmond Whig*.

*Treatment of Paronychia.*—The following lotion is highly recommended by Dr. Brown, of Chatham, as an abortive treatment of this painful affection. Take of calcined alum, 3 grs.; sulphate of zinc and acetate of lead, 2 grs. each; water, 1 oz. M. Make a lotion, to be applied warm.—*London Lancet*.

*Enemata of Borax in Diarrhæa.*—Dr. Bouchut, physician to the *Hopital Sainte-Eugenie*, has employed enemata of borax with success, in idiopathic diarrhæa of young infants, in the following proportions:—Sweetened water, 5 ozs.; borate of soda, 1 1-2, to 3 1-2, or 5 drachms.—*Gazette des Hopitaux*.

*Fatal Poisoning from Diseased Meat.*—The family of Mr. Fox, residing at No. 149 First Avenue, were recently poisoned by eating diseased mutton, purchased by Mrs. Fox, on Wednesday of last week, at Washington Market. It appears that the leg of mutton was boiled on Thanksgiving day, but not partaken of until the following Saturday, when Mrs. Fox, her two daughters and a female visitor ate some soup which had been prepared from it on that day, and were soon taken sick. Drs. Downes, O'Rorke and Brady were called in, and administered medicines, which gave relief; but the cause of the sickness was not attributed to the mutton. On the following Wednesday, the meat remaining was made into a hash, and partaken of by the whole family, all of whom were immediately taken sick, and on the following day Mrs. Fox died. Before her death she stated where she had purchased the mutton. Dr. O'Rorke made a *post-mortem* examination of the body, but found no poison; the contents of the stomach will, however, be subjected to chemical analysis. Efforts are being made to ascertain from whom the diseased meat was purchased.—*N. Y. Daily Times*, Dec. 8.



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## MALARIA, AND ITS CAUSE AND EFFECTS.—NO. I.

BY C. D. GRISWOLD, M.D.

[From the American Med. Gazette, New York.]

### *The Existence and Cause of Malaria.*

THE existence of malaria as a morbid agent productive of disease, is a fact so definitely settled by the experience and observations of medical men, that it would seem to be a needless task to bring forward proof for its support. Were all sanitary regulations pertaining to this subject entrusted to competent medical officers, this question might be passed over without comment ; but such is not the case. It is the property owner that makes laws and establishes regulations involving expense, and therefore it matters little what the physician may know, unless he is able to impress his knowledge upon others ; for it is a true principle with business men, never to enter into any measure without understanding fully its advantages and feasibility.

It is a too common fault of physicians to think that the non-professional public must necessarily understand, from a brief explanation, what to them has been made exceedingly simple from years of study and observation. The mind must be trained first, in order to reason correctly afterwards upon any subject, and especially so upon the obscure questions embraced in medical science. Considering how few minds, comparatively, are at all educated upon the mysterious causes of disease, it is not by any means strange that considerations pertaining to the public health have been totally, or in a great measure, disregarded in the operations of mankind. That such is the case is very evident from the fact that many modern cities were founded, and have grown up under the depressing influence of a sickly reputation from causes which were known ages ago to exist in like localities, and without an effort being made to either avoid or remove them.

The great obstacle to progress in all sanitary measures arises from the fact that the subject presents no tangible materials that the mind may grasp. Talk to a merchant about malaria, and he regards it as he would a dream ; nor is it strange that he should, accustomed as he is to the sensible things of the world ; how could it be expected that he should at once adopt views which are only arrived at by careful

reasoning and close observation, and of which, all that the best informed can pretend to know, is obtained from certain effects? Mystical as the subject would seem to be, it is, however, susceptible of the most critical examination, for it is by effects that we learn to judge most accurately of causes in any case.

Our inability to detect malaria as a distinct substance, has, therefore, no doubt, been the great barrier to the general comprehension of the subject, and deprived a great portion of the world of the benefits which might have been derived from scientific deductions made hundreds of years ago.

Those who are disposed to question the existence of malaria as a distinct morbid agent, because it cannot be demonstrated as such only by its effect, would find it equally difficult to account for many other phenomena universally acknowledged, without admitting the agency of intangible causes. Who would venture without the protection of vaccination, unnecessarily, into a room where a patient is suffering from smallpox, or would allow their children in a house where there were cases of scarlet fever, or whooping cough? and yet neither of these diseases impart to the atmosphere any sensible agent by which the infection is communicated. The odor of flowers and many other aromas cannot be detected by the most delicate tests.

The evidence of the existence of a distinct principle which we designate by the term malaria, as a cause of the intermittent, remittent, and continued fevers which prevail so generally throughout this country and other portions of the world, is to be found most satisfactorily in the successful measures which have been adopted in many instances for its removal. When I come to treat of that portion of the subject which pertains to the removal of the cause of malaria, I shall have abundant opportunities to demonstrate the *existence*, in the results of practical examples which were found to exempt localities from the liability to epidemic fevers, and shall therefore leave this question to be answered more fully then.

*Of the Cause of Malaria.*—Many who are ready to admit the existence of malaria, are in doubt as to its cause, for this question is veiled in greater obscurity than the first. It presents really one of the most complicated questions for investigation in the whole domain of science. The different climates and countries in which the effects of malaria are known to habitually exist, and the other various circumstances of a dissimilar character which are attendant upon its production, have all served to cast obscurity upon its origin.

But three agents are known to be absolutely essential to the production of malaria, viz., heat and moisture acting upon the surface of the earth. From the earliest period that medicine was recognized as a science, it has been a prevailing doctrine among physicians, that damp grounds subject to an elevated temperature were productive of fevers. So generally has this opinion been inculcated, that many authors have designated these diseases as “marsh fevers.” The term is, however, objectionable, on the ground that the existence of what is generally understood as a marsh is not essential to the develop-



ment of malaria, or its consequence, fever. It is only when a marsh is reduced to a certain condition that it can be instrumental in the production of this morbid agent. The marsh always supplies one of the essential conditions, and hence, when the temperature is favorable, malaria is likely to be the result. This, however, is by no means certain. It is said that the inhabitants bordering on the Dismal Swamp between Virginia and North Carolina, never suffer from intermittent or remittent fevers. The peat bogs of Ireland and Scotland are also free from malaria, and many other places that might be cited where dead-water marshes, subject to the necessary temperature, are entirely exempt from these fevers. From these observations it is evident that stagnant, or dead-water, is not alone sufficient with the necessary temperature to produce malaria.

The next most plausible opinion as to the essential cause of malaria, is that which makes it a result of vegetable decomposition. This is one of the oldest and most prevalent theories pertaining to the subject. The almost invariable co-existence of vegetable decomposition and malaria has been the means, no doubt, of their being placed in the relation of cause and effect. The existence of a single example, in which malaria or fever has prevailed, in the absence of vegetable decomposition, is quite sufficient to show that it is not essentially a cause.

The many instances on record where the simple upturning or exposure of a large surface of fresh soil has resulted in malarial fevers, would seem to be a strong argument against the doctrine of organic decomposition of any kind.

I can but briefly refer to examples of this kind. Dr. Merrill, of Natchez, regarded the yellow fever in that city, in the year 1823, as the result of levelling the streets, and the consequent exposure of the soil to the action of the hot sun. In Charleston, epidemic yellow fever prevailed in the years 1842 and 1852, and in both seasons large excavations were made in opening drains, and other works, and the dirt transferred to different parts of the city; and where the drains were opened, and the dirt was deposited, there yellow fever occurred, and those occupied in the work were the greatest victims.—*La Roche*.

The opening of a drain in Hasel Street, in 1849, and another in Market Street, were also attended with yellow fever, which occurred first in those localities. The digging of the Chesapeake and Ohio Canal, between Seneca and Georgetown, in the year 1829, was attended with a great amount of sickness. Two thirds of the whole number of laborers, amounting to about four thousand, were attacked with autumnal fever. The same result attended the construction of the Carondelet Canal at New Orleans; also, frequent instances in France and other countries.

Great land-slides, in which large surfaces of fresh soil were exposed, leaving depressions where water would stagnate in a hot sun, have been known to cause fearful pestilence. Lancisi gives an account of this character, which occurred in the year 1707, near

the town of Bagnared. By order of the magistrate, ditches were dug to carry off stagnant water, and those places that could not be drained were filled up, which restored health to the community.—*La Roche.*

Many examples unfavorable to the idea that vegetable decomposition is an essential cause of malaria, were to be observed during the construction of the Panama Railroad across the Isthmus in New Granada. The great prevalence of fever, it is well known, was one of the great obstacles to the construction of this work ; but it was a matter of very general observation that the engineers who first traversed the country in tracing out the course of the road, suffered but slightly from this cause. When ground was broken, however, and the soil exposed to a burning sun, then fevers became prevalent. Moreover, during the rainy season, which commences about the first of May, and continues until December, vegetable decomposition is much more rapid from the effects of a vertical sun, alternating with copious showers, yet this is the healthiest part of the year. The explanation of this is very simple, as I intend to show, but in no way favorable to vegetable decomposition. Chagres, that was notoriously sickly, was rendered so by the low grounds laying directly back of the town. During the rainy season, a space of several acres, level with tide water, thus situated, would become inundated and exposed fully to the direct rays of the sun ; it was alternately wet and dry—a condition, most of all others, favorable to the development of malaria.

The overflow of rivers, of which we have numerous accounts, in various parts of the world, followed by fearful epidemics, is by no means favorable to an increased amount of vegetable decomposition. In many of the recorded instances, large plains have been deeply covered with alluvial earth, burying every vestige of organized matter beneath the surface. The overflow of the river Volga, which occurs annually, in the Government of Kassan (Russia), often leaves an alluvial deposit of from two to three feet in depth, and sometimes extends for ten miles from the bed of the stream. In many places large pools are left in low places, as the flood subsides, and these drying gradually in the hot season, are the recognized causes of the fevers which prevail during the months of July and August immediately following. During the remainder of the year this country is remarkably healthy and very productive.

Now it would seem that the repeated occurrence of fevers under such circumstances would be deemed a strong argument against the doctrine of vegetable decomposition. Were it consistent with the amount of space I propose to occupy in discussing this subject, I would enlarge more upon this question, for it is a very general doctrine, not only with the profession, but with the public, and important, inasmuch as it discourages the attempt to remove the cause of malaria. Heat and moisture are alike essential in both the production of malaria and of vegetation, and consequently the results must, in a majority of instances, coexist ; yet the relation of the



one to the other I do not regard as by any means intimate. Peat bogs are made up entirely of vegetable matter, yet they are not known to ever produce malaria. This has been explained on the ground that the organized matter becomes carbonized. There is no doubt that peat marshes are almost, if not entirely, innocuous, yet I have been disposed to regard them as such from the effect of this thick layer of light vegetable matter in protecting the soil beneath from the action of the heat, and preserving it in a constant state of moisture.

From observation over a considerable extent of territory, I have for some time been led to regard certain geological formations as more nearly allied to the development of malaria than has generally been supposed. Some years ago I was led to observe the great scarcity of springs in aguish districts in Wisconsin, and that a strata of argillaceous marl approached more or less near the surface. At frequent intervals, over a large portion of the State, stagnant pools are found in low places, the only source of which is the melting snow and rains during the winter and spring. The most superficial of these pools dry away in the early part of summer, leaving a bare surface exposed to the direct rays of the sun. At this season agues prevail of a mild character. During seasons of great drought, the deeper and larger pools become exhausted of their water also, upon which malarial fevers of a much more severe type invariably occur.

The essential conditions here described I have since had the opportunity of witnessing on the Isthmus of Panama and on Long Island. Moreover these three portions of country, so remote from each other, are believed to have been, at no very remote period of the earth's history, entirely submerged. On the western extremity of Long Island an original surface is sometimes found at a depth of from thirty to one hundred and twenty-five feet, revealing sea shells, carbonized wood, and other organic remains. Upon the Isthmus, fossil remains in great variety were found in the rocks cut during the construction of the grade for the railroad.

The points of similarity bearing upon my subject, however, consist in the absence of springs, the stratified clay, and numerous pools of dead water. From these, certain conditions are induced, which I think have more agency in the production of malaria than any other.

The tendency of water deep in the earth is to approach the surface, but in the places above cited we see this does not occur, either from the barrier interposed by the stratified clay, or some other cause; hence the surface is never refreshed during the summer months, only on the occasion of showers. Moreover the falling rain but imperfectly penetrates the soil where this clay or marl exists, and therefore the deep springs and surface waters never commingle to give freshness and purity to the soil. The result is what might be reasonably supposed under such circumstances. Under the effect of a high temperature and the absence of rain, the water

in the natural reservoirs is gradually evaporated, and all noxious substances which it contains become concentrated and filled with animalcules and reptiles, which with its final disappearance become extinct. At the same time the atmosphere comes in contact with a surface from which, for a long period before, it had been protected by water. The exposure of a surface of earth suddenly to the atmosphere, from which it had for a long time before been excluded, I can readily conceive to be answerable for important results. With this view of the subject, we find a ready explanation for the fact that peat marshes do not produce malaria, and that malarial fevers seldom exist epidemically in countries which abound in springs, and then only on occasions of extreme drought, when natural ponds and mill-dams become dry, producing the conditions above described.

The doctrine, that a marsh and vegetable decomposition are both essential to the production of malaria, fails entirely to account for the prevalence of fevers in the outskirts of our cities. It is notoriously true that ague and remittent fevers are epidemic every summer in the upper wards of New York, and in many parts of Brooklyn. On going through these districts, the great number of sunken lots that are filled with water during the winter and spring months, is a matter of every-day observation, and whenever cholera prevails here, these locations are its chosen fields for doing its most deadly work. On such occasions intermittent and remittent fevers give way to a more virulent disease.

During the last summer, the frequent rains have served to keep these pestiferous sources of disease mostly from becoming dry, and consequently New York and Brooklyn have never been known to be more healthy. The same cause has served to render the country generally more free from fevers than usual. Only the most superficial of the pools have contributed to the spread of infection this season. Those who adopt this view of the cause of malaria will readily see how easily a district may be rendered exempt from the sources of fevers, for it is not the large marshes but the little superficial ponds that readily dry up and are the most productive of these diseases.

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#### CASE OF TUBERCULAR DISEASE TREATED BY COD LIVER OIL.— CURE OF CAVITIES AFTER TWO AND A HALF YEARS.

(Read before the Boston Society for Medical Observation, December 17th, 1855, by  
HENRY I. BOWDITCH, M.D., and communicated for the Boston Med. and Surg. Journal.)

Miss ——— called on me Oct. 21, 1850. Her grandmother and an aunt had died of phthisis, but there were no consumptive tendencies in her immediate family. She was 18 years of age, was born and had lived all her life long near the coast of Massachusetts. In early life she had been perfectly healthy, except an occasional headache. At school she had studied closely.

Her actual illness commenced just a year previous to my seeing her. She had had a cough all the time gradually coming on. The



sputa were a thick phlegm during the winter; and a very little blood, as she believed, from the nose. She left school in May, and after that the cough had lessened a little, but it had occurred daily; chiefly on first lying down, and in the morning. No severe paroxysms. Pain at times in the left side on full breath, never in the shoulder. Able to lie on either side, but coughs more when on the left; turning to the right checks the cough. No dyspnoea, except when ascending stairs, and then it was but slight, and most troublesome during the summer. Night sweats, but no chills or fever, though at times the cheeks are flushed. Never had palpitation. Appetite and digestion good, except a little oppression during the summer. Dejections, regular. Amenorrhœa since the spring of 1849. Previously menstruated three or four times only, but naturally. Had lost some flesh and strength.

At my office she appeared somewhat hoarse, and had, at times, aphonia. No soreness about throat, but she had had some previously. Pulse 120 (possibly from agitation of mind); 96 after examination.

*Physical Signs.*—Percussion gave flatness over left lung, to the third rib in front, and to below the spine of the scapula. Doubtful *bruit de pot fêlé* under clavicle. Elsewhere normal. Respiratory murmur scarcely heard on the left side, and crackling on coughing heard everywhere in the same lung. At the top of the right lung the murmur was hardly pure; and on cough there was a slight crackle. Pectoriloquy at apex of left lung.

I wrote the following diagnosis to the attending physician. “My diagnosis is, serious, extensive, tubercular disease of the left lung, and probably a little at the apex of the right. Prognosis—A downward course. I make this prognosis because it seems to me that as the course that has been pursued (cod liver oil and iron) has been excellent, and yet no amendment has resulted, I fear that nothing that may be done hereafter will give permanent relief. While life, however, lasts, we should continue to hope. Therefore I advise a continuance of cod liver oil and tonics; and as I have perceived some good to come in some cases from wet compresses with dry cloths over them, kept constantly upon the chest, I would recommend the trial of them. If possible, let her have horseback-exercise.

Dec. 6, 1855.—Miss — called at my office in perfect health, apparently, having felt so for many months. I learned as follows: for two years and a half she took daily three or four tablespoonfuls of cod liver oil. It always was very disgusting to her, but never disturbed the digestion. She always had the pure oil, prepared at her own house. She rode on horseback twice or three times weekly for a year and a half, and was always refreshed by the excursion, except when she visited the beach which was near the town and exposed to the bleak wind of Buzzard’s Bay. After riding to this place, even on a warm day of summer, she became hoarse and felt that her lungs were irritated. She never went out after 5 P. M. The cold-water applications were used for six months. Her diet

was nutritious, but simple, and her digestion was easy. During the first six months there was no evident change in the symptoms. Afterwards she began gradually and almost imperceptibly to improve, and two years ago felt and looked as well as ever. She, however, did not commence active duties until six or eight months ago, when she began to teach school.

At her visit to my office, she looked plump and in perfect health. She said, however, that though she had had no cough for two years, she still had a rattling in the left chest on lying down, and some cough on taking cold. If she is tired, she feels it in the chest. Pulse 84. On percussion, the left breast is flatter than the right at apex. Pure tubular respiration of a most dry character at apex, front and back, with great vocal resonance. Obscure crumbling, rather than crackling, below in the breast, but generally the respiration is quite fair, though a shade less soft than at the right.

If the preceding case was not one of tubercular disease, which had proceeded to the degree of softening, and probably of excavation or perfect condensation of portions of the lung, I know not how I can ever pretend to recognize any tubercular disease. I believe that it was tubercular, and that it was cured by the *thorough* use of cod liver oil, &c. The present condition of the lung is, I presume, much as it will always remain; for it may well be doubted whether a lung affected with such an amount of disease as existed at the first examination, will ever be completely restored to its pristine vesicular structure. It is a case to give us hope, even when there seems to be little or no hope.

The fact incidentally mentioned that the patient could not visit the beach without having hoarseness, is interesting to me, as confirmatory of the view that the lungs of consumptive patients are irritated by a residence near the coast.

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#### CASE OF OSTEO-ANEURISM.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject, a young man, first discovered a lameness in the left leg in August, 1854, its immediate seat being referred to the knee-joint, and it gradually increased in severity until walking became impracticable. In January, a solid tumor appeared on the inside of the tibia, near its upper articulation, which was judged to be an ossific deposit simply. The patient continued his avocations until April, when the progress of the disease rendered further labor impossible. At intervals, the tumor would be red, and at such times less painful. In June, the case fell into the hands of a quack, whose irritating applications rapidly developed the character of the disease. Up to this time the patient could walk with the assistance of a cane, but retraction of the leg now became established, and the growth of the swelling greatly increased. It was intensely painful, and prevented sleep. In August, the case came under my treatment. The



patient was emaciated, the thigh wasted and the head of the tibia greatly enlarged. The thigh and leg could not be extended beyond right angles. The diameter of the swelling was four inches, and it was red, hot and painful. A close inspection of it revealed several other interesting pathological features. The outer shell of the bone was elevated in fragments, which were distinctly movable, and in the interspaces there could be felt a powerful pulsation, synchronous with the pulsations of the heart. From these observations it was clearly evident that the disease was of the erectile character, developed in the cancellous structure of the bone, and that it was of a very serious nature.

There appeared to be but a single indication of treatment, and that was, of course, to arrest the supply of blood which nourished the augmented and multiplied vessels; and the only question that could be raised was, whether to accomplish this by the ligature or by compression. I selected the ligature, and applied it to the femoral artery, when the pulsations in the tumor instantaneously ceased, as it was known would be the case, by previous compression of this vessel upon the pubis. Not the least unfavorable result followed; the patient recovered extremely well, the peculiar character of the disease rapidly disappeared, and now, at the expiration of four months, the diameter of the tumor is only three inches, and it is already consolidated. The retraction has greatly diminished, and there is every favorable indication that entire recovery will in due time be reached.

J. DEANE.

Greenfield, Dec., 1855.

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#### OBSERVATIONS ON THE USE OF IRON IN OBSTETRICY.

BY ABRAHAM LIVEZEY, A.M., M.D., LUMBERVILLE, PENN.

[Communicated for the Boston Medical and Surgical Journal.]

IN my various sojournings among the medical colleges in Philadelphia I have noticed a diversity of opinion existing among the corps of professors, as to the utility of iron and the advantages obtained by its administration. Of these differences, it will be only necessary, as introductory to my case, to specify two.

Prof. Meigs, as his writings all prove, has unbounded confidence in ferruginous preparations, in all cases where there is atony or flaccidity of the *endangium* or blood-membrane; in other words, where the blood-globules are deficient, and the watery portion of the blood is in excess, and where tone is necessary to be imparted to the whole system.

Prof. Mitchell, on the contrary, though occasionally a prescriber of iron, at the clinics, through force of custom (he says) rather than from actual confidence in the drug, yet declares it to be his firm conviction that iron is of but little value in medicine, and that he is not sensible of ever being able clearly to attribute any marked

results or benefits to its use, at least if he accepts the scales of iron steeped in "hard cider;" and though good had undoubtedly been obtained from this preparation, yet it was still a matter of doubt in his mind, whether, after all, the beneficial results were not rather due to the presence of the cider than to the iron.

But to the case in question:—I was called, on three several occasions, about a year apart, to attend Mrs. L. in confinement, which occurred in each case, according to the usual computation, from two to six weeks too early. The infants of these several deliveries were perfect in development, if we except a very flaccid state of the muscles and a relaxed condition of the articulations. The first child, though evidently alive but a short time previous to delivery, was stillborn. The second, in a shrivelled condition, survived but a few weeks. The third made a few gasps, followed by some faint moanings, and, after the lapse of two hours, expired.

The poor woman having now suffered the agonizing pangs of a third travail without the "fruit of her womb being blessed," became quite disconsolate, and, like Rachel of old, she wept for those that were not, and would not be comforted; until at a subsequent visit I expressed to her my honest convictions that she might be so benefited by a proper course of medication during pregnancy, should she again become *enceinte*, as to enable her to go the full term and give birth to a healthy, living offspring. She was not weak, for she attended to the duties of her household without any domestic; her appetite and powers of digestion were, at times, somewhat impaired, but yet seldom required any medicine to correct them. Her complexion was the worst feature in the case; in her face could be traced tints of color from that of a creole, to a bronze, deep yellowish-green, or pale dirty yellow. In fine, she was just such a case as a majority of physicians would say demanded a course of blue pill, or other mild mercurial, with a depurative, as syrup of sarsaparilla; occasionally a dose of the compound tincture of aloes, and the like. At the close of my examination and colloquy, she observed that she had two sisters married, whom she considered much more weakly and diseased than herself, and yet they have living and ordinarily healthy children.

I resolved to push Prof. Mitchell's prescription of iron scales, as they fall from the smith's anvil, steeped in hard cider, from the beginning to the end of the next pregnancy, and did so. Her appetite increased, her digestion, health and spirits improved, and a new hope dawned upon her. She took gallons of cider, rendered turbid, or somewhat inky, by the iron scales, and at the full term I was present at the delivery of a firm, full-grown male child. He grew finely, and waxed so strong by the ninth month that he could walk; and now, in his fifth year, he is remarkable for his tallness and strength—having borne the cognomen from birth of the "iron baby."

Nine months ago she gave birth to another child—puny and delicate, of lax tissue and relaxed condition generally, but is as yet dragging out a sickly existence.



Now a natural view of the case and the rationale of treatment must be simply this: the "endangium" or blood-making membrane was not capable of discharging its function, being flaccid and weakly; and consequently the blood, the pabulum of the fœtus, was too poor in blood globules to nourish it properly and enable it to grow to *infant's* estate; or why were the muscular tissues of the former infants of such loose, flabby consistence, and the articulations of their limbs so relaxed? The condition of the blood-membrane and blood was undoubtedly changed by the cider tincture of iron, and charged with more red globules, and solid constituents, whereby it was the better fitted for the sustenance of a fœtus after the attachment of the latter to the surface of the uterus.

Again, why do we witness a similar state of things existing in the last child, to that in the first three? Simply because, after a lengthened period of over three years and eighteen months nursing a child at her breast, the blood-making membrane had become sickly, and consequently the blood had again deteriorated, simply for the want of a repetition of that medicine which would correct the one and improve the other.

## Hospital Reports.

### MASSACHUSETTS GENERAL HOSPITAL.

*Apoplexy--Death.--Hemorrhage at the Base of the Brain.* Reported by Mr. Geo. S. HYDE, Medical House-pupil.)

J. K., æt. 40, widow, entered Oct. 17, under the care of Dr. GOULD. She was always a healthy, strong woman, until June, 1854, when she began to be troubled by dizziness and confusion in the head, during an attack of which, in the following August, she fell into a cellar, and received a wound on the head. She felt but little trouble from this, but in October had some sort of cerebral inflammation, from which she was very sick for several weeks, and was left very much prostrated. She was confined to the house by weakness most of the time till May, when she so far recovered as to work a little. During the summer she had neuralgic pain about the head, and some swelling of the right foot and leg. About the beginning of the present month, whilst standing in the street, she suddenly fell, unconscious, and remained so for five days. There was total paralysis of sensation and partial paralysis of motion for several days longer. Bowels constipated. Catamenia have only appeared three times in twelve months. She has occasional blindness, double vision, and vomiting of food. Constant ringing in the ears.

When first seen, in the evening, she was in bed, complaining somewhat of her head. She also said her limbs had scarcely the natural sensibility. Some pain in abdomen. Pulse 62, full, regular, not easily compressed. Skin quite cool.

From this time she seemed constantly to improve, so that she took no medicine until Oct. 23d, when she had a slight attack of unconsciousness at about noon, lasting fifteen minutes, and followed by severe headache. At 6½ she had another, characterised by vomiting, total unconsciousness, ster-

torous breathing, and full, slow pulse. She remained in much the same condition until the morning of the 25th, when she recovered her senses and answered readily. There was no paralysis. From this time she complained more or less, daily, of giddiness and weakness, and her mind occasionally wandered. There were intolerance of light, pain in the head, and constipation. On Nov. 1st Dr. SUATTUCK took charge of the case. On Nov. 17th she said she felt unusually well, and asked to walk out, but just after dinner suddenly became unconscious, and remained so for a few minutes. Afterwards she complained of fatigue, "from walking," as she said. At 7 o'clock she had another attack similar to that of Oct. 23d, but with a small, rapid, intermitting pulse, and remained without change until 7 o'clock P.M. of the 19th, when she died.

*Autopsy*, 39 hours after death.

Dura mater healthy; flattening of the convolutions over convexity; dryness of arachnoid. There was effusion of blood, not very extensive, in pia mater, over the centre of the base of the cerebrum and cerebellum, and a recent coagulum, over an inch in diameter, in left hemisphere, about opposite the anterior part of the corpus striatum. The left ventricle was entirely filled with a dark coagulum. The right ventricle contained bloody serum. There were large coagula in the third and in the fourth ventricle. The cerebral substance around the effused blood, was more or less softened and discolored.

There were firm adhesions of the lateral and posterior portions of the pulmonary and costal pleuræ on the right side.

The lungs were congested posteriorly, and there was a small cretaceous mass in the right upper lobe.

Walls of the left ventricle of the heart were firm and rather thick; the cavity small. Considerable loose coagulated blood in the right cavities.

Spleen surrounded by old, thick, false membranes. Weight, two and a half ounces.

Kidneys, externally granular. Cortical substance rather thin, presenting a mottled appearance. Under the microscope, the tubuli were crowded with granular matter and cells. There were also free cells, which were broken, shrivelled and granular. Tubuli of the cones more crowded with epithelium than usual. No fat.

The Fallopian tubes were obliterated at their extremities, and distended with serum. There were extensive adhesions about the ovaries. The lower antero-lateral portion of the uterus contained two fibrous tumors, beneath the peritoneum, one of the size of a nutmeg, and pediculated; the other somewhat larger and more prominent.

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*Albuminuria.—Death from Apoplexy.* (Reported by Mr. Geo. S. HYDE, Medical House-pupil.)

L. R., æt. 50. Single. Clerk. Entered Hospital Oct. 4th, under care of Dr. GOULD. He was a rather stout-built man, with a large head and short neck. He reports that he has never before had occasion to employ a physician. Knows of no cause of present trouble, unless it be exposure to wet and cold for some hours at a fire several months previously, from which, however, he does not remember to have felt any inconvenience, but considered himself perfectly well until July, when his feet began to swell. From this time the swelling gradually increased, and two weeks before his entrance, it appeared in the abdomen. He suffered from inappetence and occasional nausea and vomiting. Has kept about the whole time, troubled merely by swelling. Has lost about thirty pounds, probably from low diet.



When first seen, he was sitting up, complaining only of swelling. The appetite was great, but much food oppressed him. Bowels were nearly regular. Urine not affected in quantity. Some embarrassment of respiration. Abdomen quite distended, measuring  $41\frac{1}{2}$  inches, with distinct fluctuation. Legs and feet much swollen, with serous discharge from several abrasions. Pulse 100, small. Skin dry and cool.

Analysis of urine gave density, 1014, a few casts of tubuli, and a moderate amount of albumen.

He was put upon a liberal diet, and ordered diuretics and warm baths; after which last, his skin became warmer and moister. The distension, however, increasing, and dyspnœa becoming urgent, on the 15th, paracentesis was performed, and twelve quarts of fluid were withdrawn, with great relief to the stomach and lungs. During the following four days there was a spontaneous discharge of about six quarts more. R. Ferri. ammon. tart., gr. viii. three times daily.

From this time there was a manifest improvement in respect to the skin, pulse, tongue, appetite, sleep, respiration, &c. On the 28th the abdomen was nearly as distended as before the operation, and there was some dyspnœa, but otherwise he felt as well.

On Nov. 1st he complained of being unable to read well, and of increased dyspnœa, but appeared in good spirits, and took food and medicine as usual. At 2 A.M. he was heard to groan, and was found by the nurse lying across his bed, in his clothes, in some distress. He was perfectly conscious, and asked the nurse to retire, that he might go to bed. At 3 o'clock he was found on the floor, where he had fallen in attempting to reach the table. From this time he spoke but once, saying that his head pained him. He breathed with difficulty, and after being unconscious for half an hour, died at 4 o'clock, A.M.

*Autopsy*, 11 hours after death. Considerable congestion of vessels of scalp. There was a collection of blood beneath the arachnoid, partly liquid, partly coagulated, most abundant at base, but extending among the convolutions, which were flattened in some parts. An ounce of bloody serum in the lateral ventricles. Consistence of brain normal, and not more vascular than usual. Twenty-four ounces of serum in left pleural cavity; fourteen ounces in the right.

Lungs highly œdematous, except the lower right lobe, and the lower half of the left, which were compressed. Two ounces of serum in pericardium. Walls of ventricle somewhat thickened and cavity small.

The liver showed, under the microscope, numerous fat globules.

Spleen pulsatous, easily breaking down.

Cortical substance of kidneys a little lighter colored than usual, but could hardly be considered diseased. A little fat found, under the microscope.

Mucous membrane of stomach rugous and thick.

Other organs essentially healthy.

### Bibliographical Notices.

*How to Nurse Sick Children: Intended especially as a Help to the Nurses at the Hospital for Sick Children; but containing Directions which may be found of service to all who have charge of the Young.* New York: Samuel S. & William Wood, 261 Pearl Street. 1855. Pp. 69.

No more satisfactory encomium could be bestowed upon an author and his labors than that which forms the "Advertisement," as it is termed, to

this little volume. Two paragraphs from "The British and Foreign Medico-Chirurgical Review" constitute this advertisement and fitly herald the work. We have read it with pleasure and profit, and can truly say that no book of such unpretending dimensions contains more that will prove of lasting value. It is well suited to be placed in the hands of mothers, and perhaps no more judicious gift could be made to them. The more intelligent of nurses will be greatly benefited by its perusal; and if of docile and amiable nature, they cannot but be peculiarly and lastingly impressed by its teachings.

The author's name does not appear in connection with his excellent contribution to the much needed aids for nursing sick children. We can heartily echo the sentiment of the concluding paragraph from the Review above mentioned: "Whoever it (the book) was written by, the author brings to his task the two great qualifications—a thorough love of children, and a thorough knowledge of their habits in health and disease. It is a simple but feeling account of the wants of the sick child, and of the duties required of its attendant."

When the peculiar difficulty of managing the ailments of the young is considered, and the value of the most minute details contributing to their comfort is once appreciated, none will turn lightly away from any effort to assist the physician in his arduous task. None can by any possibility realize, unless they have had the experience, the amount of peculiar responsibility attaching to the medical care of children, and particularly of infants. Physicians therefore, no less than mothers and nurses, will, we are confident, gratefully acknowledge their indebtedness to the author of these pages. He who wrote them must have both the "feeling heart" and "the judging head," as well as the skilful hand.

No greater boon, of the sort, could be bestowed upon this or any community which now lacks it, than the establishment, upon a stable foundation, of a "Children's Hospital." That an institution of this kind will finally exist in this city, we fully believe. The project would commend itself to all, without argument. Opportunities such as would be afforded to physicians in the wards of such a charity, would be invaluable indeed. That the mortality among the children of the poor would be greatly lessened thereby can hardly be doubted, and those more favored in this world would reap a direct benefit from the larger experience constantly acquired.

Appended to the little volume we notice, are some important "Facts illustrative of the need of a Children's Hospital" in London. With certain modifications they will apply to "any meridian." We will give a few of these, together with one or two expressions of opinion in regard to the subject by well-known English physicians.

"*First.*—The mortality of children under ten years is only two per cent. less than it was fifty years ago. Of 50,000 persons dying annually in London, 21,000 are children under that age.

"*Second.*—The hospitals of London are inadequate to afford accommodation for sick children. In January, 1843, of 2,336 patients in all the hospitals, only 26 were children under ten, suffering from diseases peculiar to their age.

"*Third.*—Medical knowledge concerning children's diseases is peculiarly defective, owing to the want of sufficient opportunities for their study.

"*Fourth.*—A special hospital for children is needed, because the proper care of sick children requires special arrangements."

"I will venture to say that the poor, as a class, will gain more from the



establishment of a hospital for children's diseases, than they would from any general hospital."—Dr. LATHAM.

"It is a truth which ought to be confessed, that the disorders of early life are less generally understood than those which are incident to maturer age; and it is a truth which still more deserves publicity, that the imperfection of our knowledge is mainly owing to our want of hospitals dedicated to the reception of sick children."—Dr. WATSON. (*Op. cit.* pp. 68, 69.)

The institution which existed for about a year in Boston, through private benevolence, and which was admirably managed, was a praiseworthy attempt deserving a better fate. Such endeavors should not be allowed to languish and die for want of that aid which individuals, however well-disposed, cannot continuously afford.

Burnham Brothers, 25 and 29 Cornhill, have the book for sale.

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*A Classification of Tumors confounded under the Name of Cancer.* By PAUL BROCA. Translated from the French by GEORGE A. OTIS, M. D. Springfield, Mass.

THIS paper appeared in the Virginia Medical and Surgical Journal for July, 1855, having been translated by the Corresponding Editor, Dr. OTIS, from the "*Moniteur des Hopitaux*," December, 1854; it has been issued separately, and we think its diffusion in this way will be of service. The author is known as a careful investigator and ready writer, and in these days of disquisition, doubt and discussion upon what is, and what is not, cancer, all reliable observations are acceptable.

The author, after a brief historical sketch of "cancer," or rather of tumors so termed, thus states his "classification" of "morbid growths" which have been long confounded under the vague and elastic designation of "cancer." "1. *Partial Glandular Hypertrophies*, or glandular tumors." In these the elements of normal gland-structure alone are found, subject to an unequal hypertrophy. "2. *Fibro-Plastic or Fibroid Tumors*." "3. *Cancroid Epithelial Tumors*: elements analogous to those that form the epithelium of normal tegumentary tissues." "4. *Cancerous Tumors*." The component elements of these latter growths are without analogues in the economy. To these alone is "the name of cancerous elements legitimately applied."

These classes are minutely described, yet in a clear and condensed manner. Four microscopic views (corresponding to the four classes of growths) accompany this interesting description. The translation is elegantly and faithfully done, and the Virginia Journal may congratulate itself upon having at command a hand so skilful alike in making selections of matter from foreign periodicals and in preparing them so well for a wide circle of readers. No journal can boast more judicious and valuable *excerpta*, while its original and editorial departments bear decided evidence to the zeal and faithfulness of its managers. We are happy to congratulate these gentlemen upon the "*fusion*" operation lately effected by them, and we hope they will hear a great deal that is wonderful and promising through their new "*Stethoscope*," not only in the "Old Dominion," but throughout the country and "over" the sea.

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*Report of the Diet of the Sick, submitted to the American Medical Association.* BY CHARLES HOOKER, M.D. (Republished from the Transactions of the Association.)

WE have already expressed a favorable opinion of this Report, in our notice of the work from which it forms a part. We are glad to see it in a form so convenient for its extensive perusal.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, DECEMBER 27, 1855.
 

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 MANAGEMENT OF CHILDREN—THEIR EXPERIENCES AT THE HANDS OF  
NURSES AND ATTENDANTS.

WHILE there is nothing about which parents feel so natural an anxiety as the welfare of their children, we believe that the latter receive an amount of mal-treatment, at times wilful, but oftener arising from ignorance, sufficient, were it fully realized, to occasion merited indignation, and which loudly calls for reform.

The evil influence is exerted in two ways ; upon the *physical*, and the *moral*, qualities and energies. At present we intend to refer, mainly, to the former. It is too well known to require more than mention, that the minds of the young are often seriously injured by being frightened into submission, when refractory, by awful contortions of the countenance, threats of being "left alone," or of being "shut up with black men," &c. ; and again by dismal stories of what will befall them if they do not lie still and leave nurse to enjoy her ill-gotten leisure.

The disastrous consequences of these practices have been only too evident in many instances ; and if the children thus treated fortunately escape idiocy, they probably always suffer in some form from the infliction. A timid, fretful or vicious tendency, and a mistrust of whatever is told them, are thus almost certainly acquired by the little victims of fraudulent selfishness or ignorance.

We remember seeing, several years ago, in "Punch" or some "Charivari," a representation of a "powwow" between two nurses in a park. They were seated at their ease, each with a child in her arms ; but so intent upon their own affairs, that one was holding her charge *head downwards*, and the other, while gesticulating vehemently with one hand, was, with apparent unconsciousness, pressing the features of the infant entrusted to her care into a very singular and doubtless uncomfortable shape, with the other. The mouths of both children being represented widely open, we may infer that vociferous remonstrance was duly, though ineffectually, offered !

What then afforded us cause for laughter, has since often recurred, painfully, to our recollection, when witnessing similar abuses. While the satirico-comical exposure is inimitably given, the moral has a seriousness worthy of the deepest attention.

We cannot expect hirelings to feel that absorbing interest which actuates every thought and impulse of a parent ; and this is more especially true since foreigners have taken the place of native servants. At all events, whatever may be the cause, a vast amount of neglect and carelessness exists. Often, the parents are the last to discover this ; kindness and attention are artfully shown to the child in their presence, but, once out of sight, too frequently a twitch, a pull, a cuff, with sharp, hasty words, will be employed to bring the child to the nurse's ideas of things, instead of watching its ways and yielding to its wishes when not positively injurious.

When children are taken out for an airing, a degree of caution is requisite that they be not exposed to the dampness of the ground. In the low carriages commonly used, the child incurs a certain amount of risk unless



drawn regularly, if not briskly along. We have frequently observed nurses loitering over the walks of our Common, or in the streets; stopping to greet an acquaintance; gazing about abstractedly, with little or no thought for their charge—feeling, themselves, no chill from wet earth and east wind, while the passive infant, even if wrapped with ordinary care, must often suffer.

The habit of pushing the carriage, so that the child is rolled along *backwards*, is to be condemned. It is an easy and convenient process for the nurse, but we question its propriety as regards the child. It is an unnatural mode of progression—if riding backwards can be so termed—and should never be practised. It is well known that many adults cannot ride with their backs to the horses without being nauseated; certain persons even vomit from this cause. The preference, at least, is for a forward motion. What is worse, however, is the occasional trick of leaving both wagon and contents upon the sidewalk, while a run into the kitchen-quarters of some friend is taken for a bit of sly gossip.

That there are many creditable exceptions to our remarks, and that a large number of kind, faithful, and really conscientious nurses exists among us, is both true and a subject of felicitation to those who secure their services. An occasional visit to a sea-side residence during the past summer, where about thirty children were domiciled, afforded us a direct and easy opportunity for observation. While, however, both there and elsewhere, we have seen excellent specimens of childrens' attendants, the converse has been the fact in the majority of instances; and, in conjunction with physical unfitness for their occupation or ignorance of their duties, a most lamentable deficiency too often exists in regard to their moral character. Children soon begin, after early babyhood, to appreciate language; gesture and attitude they notice and remember, even earlier. What can be more important than that nursery-maids be not only cleanly in person, but in thought and action; that their tongues be free from oaths and ribaldry, which, to our knowledge, too often defile them, especially in large boarding-houses?

Many errors in the feeding, bathing and clothing of children might be mentioned—errors which frequently induce attacks of illness sufficiently serious to compromise life. Our space forbids us to specify these at present.

There are two things to which we will allude, in conclusion; one is the very common practice of lifting a young child by one arm, while ascending stairs, or in stepping from the street to the curb-stone of the sidewalk. The child is thus actually *suspended*, its whole weight hanging from its delicate arm, and the latter drawn so strongly upwards as to exhibit a decided tendency to dislocation of the head of the humerus. This highly improper procedure may be witnessed daily, and parents are quite as apt to be the perpetrators as servants. The least reflection will show how inadvisable it is thus to strain the muscles, tendons and ligaments of children. Many may bear it with impunity; but others, of more fragile make, can hardly escape injury.

The other point to which we would call attention is the positively cruel act of forcing young children to keep pace with adults in walking. How constantly is this seen in our thoroughfares? Long-limbed fathers, mothers or attendants stride on, most unconcernedly, actually *dragging* some luckless urchin after them, whose short, weak arm must ache outrageously, drawn upward to the powerful hand that grasps the little fingers so firmly! The body, too, is thus borne onwards by a necessarily sidewise, distorted

mode of progression ; and the tiny lower limbs and feet, though flying at their utmost speed, are quite unequal to the task. We have frequently seen a child fall under this barbarous traction, fairly pulled off its feet ; and, worse still, when thus down, hauled up again by the one-arm-lifting process previously referred to ! The child, moreover, becomes heated, tired out and excited ; and forsooth its unconscious tormentors cannot conceive what the matter is with Johnny, or why Angelina Matilda\* looks so red and blowzy !

There is really no exaggeration in these statements, and we are sure that if the little "army of martyrs" who encounter such experiences, every day of their tortured existence, could "tell us all they feel," the account would be harrowing indeed.

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#### NEWSPAPER RECOMMENDATIONS OF QUACK MEDICINES.

WE have so frequently taken occasion to state our unqualified disapprobation of any attempt to recommend, or bring into notice remedies whose composition is kept concealed from the profession, that it is with reluctance we again allude to so trite a subject. Our readers need not be told that no honorable physician will lend his influence to favor any such attempt. The Code of Ethics of the American Medical Association, and the laws of every respectable medical society throughout the world, condemn in the most unqualified terms all those concerned in such practices. The reason of this is obvious ; if the composition of remedies is to be kept secret, there is an end of all improvement in therapeutics, a most important department of medical science. It may be said that the discoverer of a new remedy has as much right to the profits arising from its sale as a mechanic has to a patent for his invention, or an author to the copy-right of his book ; and so far as the *legal* right goes, we presume that he has. But as a member of a liberal profession, which has for its object to relieve the sufferings of mankind, a physician has no moral right to do anything which can hinder the advancement of his profession in the art of curing or mitigating disease. Every improvement in medical science belongs to the profession, and not to the individual, "for if it is of real efficacy, the concealment of it is inconsistent with beneficence and professional liberality, and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice."

It is with extreme regret that we notice in a newspaper of such high character and extensive influence as the *Boston Daily Advertiser*, a highly laudatory editorial notice of a secret nostrum, concerning which we have already made some remarks in a recent number of the Journal. We had hoped that the editors of a paper which lately took such high ground in respect to the independence of the press, would have the good sense to confine their criticisms to subjects within their own scope, and not endeavor to aid the sale of an alleged specific for half a dozen distinct diseases, concerning whose virtues they must be incapable of judging.

We do not make these remarks with any expectation of persuading the public of the absurdity of patronizing the "Peruvian Syrup," or any other empirical remedy. We are aware that our feeble voice will in no degree diminish the amount of its sale ; would it were otherwise ! It will doubtless become a fashionable medicine for a time, and having had its day, will become consigned to oblivion, to make way for some other nostrum. We

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\* The evils of the inflated infantile nomenclature of the present day are not unworthy of comment.



cannot but complain, however, when we see an influential journal aiding a practice which is condemned by the united voice of the profession. Nor shall we be thought to indulge the apprehension that the sale of such remedies is an injury to the practice of regular physicians; any one who is at all conversant with the matter knows that all medicines of this class are indirectly beneficial to the profession. The enormous amount of medicine indiscriminately swallowed by the public is a well-known cause of ill-health. It is as much for the pecuniary interest of the physician that the community should take quack-medicine, as it is for the lawyer that popular directions for making a will should be extensively circulated.

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GRISWOLD ON MALARIA.

WE copy from the *American Medical Gazette* an article on Malaria, by C. D. Griswold, M.D., of New York, being one of a series which was to have been continued in that Journal. The arrangement between Dr. Griswold and Dr. Reese, the editor of the *Gazette*, having been discontinued, the remainder of the series will appear in the Boston Medical and Surgical Journal.

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THE *San Francisco Herald* of 25th of October contains a notice of the organization of the medical service of the new County Hospital, by the appointment of Drs. Macauley, Sawyer and Gray as surgeons, and Drs. Bowie, Berthody and Rawson as physicians. Doctors Berthody and Sawyer are well known to many of our readers as having been formerly attached to the Massachusetts General Hospital, the former as house physician, the latter as house surgeon. Both these gentlemen have rapidly gained a distinguished position among the physicians of San Francisco, by the zeal and ability they have displayed in the practice of their profession.

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*Medical Miscellany.*—Dr. A. H. Stevens has resigned his situation as President of the College of Physicians and Surgeons, New York.—Dr. Jas. R. Wood has resigned his post as Surgeon of St. Vincent's Hospital, New York, and Dr. Thomas C. Finnell has been chosen to fill the vacancy.—The time for receiving essays for the prize of One Hundred Dollars, offered by the New York Academy of Medicine for the best essay on *Cholera Infantum*, closes with the last of the present month.

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*Communications received.*—The Action of Miasmata on the Cerebro-Spinal Axis.—Case of Insane Impulse, induced by Rheumatic Inflammation of the Brain.—Case of Cicatrization of Tuberculous Cavities.—Fibrinous Bodies found in the Heart after Death.—Case of Dislocation of the Tarso-metatarsal Articulation.—On Quinoidine in the Treatment of Intermittent Fever.—Remarks on the Treatment of Yellow Fever.—Case of a Foreign Body in the Air-Passages.

*Book received.*—Essay on Cholera Infantum. By M. L. Knapp, M.D. (From the Author.)

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DIED.—In Syracuse, N. Y., on the 17th inst., of consumption, Dr. E. A. Holyoke, formerly of Salem, Mass., where he was greatly respected for his estimable character and professional skill. Dr. H. graduated at Harvard University in the class of 1817.

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*Deaths in Boston* for the week ending Saturday noon, Dec 22d, 66. Males, 23—females, 33. Accident, 1—disease of the brain, 1—congestion of the brain, 2—burns, 1—consumption, 9—croup, 3—dysentery, 1—diarrhoea, 1—dropsy, 4—dropsy in the head, 6—infantile disease, 1—puerperal, 1—erysipelas, 1—typhoid fever, 2—disease of the heart, 1—intemperance, 1—inflammation of the lungs, 3—marasmus, 1—measles, 6—old age, 4—pleurisy, 1—smallpox, 2—teething, 1—tumor in abdomen, 1—ulcers in side, 1—unknown, 5—whooping cough, 2.

Under 5 years, 37—between 5 and 20 years, 6—between 20 and 40 years, 7—between 40 and 60 years, 3—above 60 years, 8. Born in the United States, 51—Ireland, 13—British Provinces, 1—Italy, 1.

*The State Lunatic Asylum, Utica, N. Y.*—A writer in the Transcript says:—This hospital occupies a commanding position just out of the city, and is a massive and imposing structure of stone. Opened to the public January 16th, 1843. It has been in operation nearly thirteen years, and has received not far from 5000 patients. Formerly under the charge of Dr. N. D. Benedict, it is now superintended by Dr. John P. Gray, a gentleman eminently qualified for the position he holds, and well calculated both to win affection and command obedience from the unfortunate beings under his care.

About 1000 patients were last year subjected to medical treatment, of whom more than 200 were discharged recovered and improved. The daily average attended to was 444.

The expenses amounted to \$89,421 20, of which over \$30,000 were appropriated to the culinary department alone. It is Dr. Gray's theory that his patients need a strengthening, nutritious diet, and all the amusements which convenience and propriety will admit. His intercourse with them unites in a marked manner gentleness and decision, sympathy and authority. It would be well for those interested in the treatment of insanity to visit the Utica Asylum. They would be well paid for their trouble. If we may judge the benevolence of a State from the character and magnitude of its humane institutions, New York certainly deserves high eulogiums.

*Tenesmus in Dysentery.*—Dr. Ehrenberg highly recommends the administration of *vapor-clysters of chloroform* in tenesmus. Mode of administration: take a common four ounce phial, in which a drachm of chloroform is poured. Adapt a common, but tightly closing tube, of India rubber or gutta percha, to the end of the phial. Provide the other end of the tube with a canula, similar to that of a common syringe, having several small openings, and introduce it into the rectum. To hasten the evaporation of the chloroform, the phial may be held with the hands, or warmed by immersing it into a vessel filled with warm water.—*Medicinische Neuigkeiten from N. J. Med. Reporter.*

*Indian Graves in Concord, N. H.*—In excavating recently, says the Congregational Journal, for a cellar of a new house, a few rods west of the dwelling of Richard Bradley, Esq., at the north end of this city, nine skeletons of Indians have been exhumed in a space about ten feet square. They are supposed to be the remains of some of the ancient Pennacooks who once inhabited this region, and probably have been buried at least a century and a half. Among these were skeletons of six children, three of whom were around that of an adult, supposed to be their mother, and one very large, measuring six feet and three inches. The bones of this giant were of remarkable preservation. The skull is very thick, the teeth in both jaws are entire, and all of them double. The skeletons were found enclosed in bark, in a sitting posture, with some of their long, black hair still preserved. The bones of the children were much decayed. Dr. William Prescott, of this city, has preserved the largest skeleton, which may be seen in his cabinet.—*N. Y. Observer.*

*New Orleans Charity Hospital.*—The Charity Hospital at New Orleans consumes this amount of supplies every year: Bread, over \$60,000; meat, \$12,000; drugs, \$6,000; marketing, \$7,000; milk, \$1,500; lumber for coffins, 900; groceries, about 4,000; ice in summer, \$250 per month; and other articles in proportion. The hospital is not a source of expense to the State. Its principal source of revenue is the tax on passengers arriving in New Orleans from foreign ports, which, in 1854, amounted to \$76,461. This item for the present year will be less, as, up to the 16th of October, there had arrived but 13,000 passengers, which, at \$2,50 each, would be only \$34,750; although it is probable that for the remaining two and a half months, the number will be proportionally larger.—*Ib.*

The number of patients at the Charity Hospital for the month of November, 1855, says the New Orleans Medical News and Hospital Gazette, was as follows: admitted, 862; discharged, 798; died, 79. Births—males, 5; females, 7; still-born, 1. Total, 13.

We learn that Leonard Marsh, M.D., has been elected to the chair of Latin and Greek in the University of Vermont, and has accepted the appointment.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## CHINOIDINE IN THE TREATMENT OF INTERMITTENT FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In the number of your Journal for November 29, appears an article on the subject of the employment of *Chinoidine* in the treatment of Intermittent Fever, which induces me to relate my experience with, and to state my estimate of, the preparation as a substitute for sulphate of quinine. But first, it is necessary to describe the article I employed, inasmuch as there seems a possibility at least, that some physicians may experiment with that article which is the product of evaporation of the mother liquor left after the crystallization of sulphate of quinine; while others may do so with that *precipitated* from the mother liquor by means of an alkaline carbonate. If I mistake not, the amorphous quinine of Liebig is the latter; although, if I understand Dr. Owsley, he appears to think that it is the former. The preparation that I have employed I have always taken to be the amorphous quinine of Liebig, and from its behavior have supposed it to be a product of precipitation. It is of a dark-brown color, in some samples yellowish-brown, resinous in appearance, and in an atmospheric temperature of 85° is so hard that it is difficult to indent it with the fingers, and so brittle that it breaks like cold wax. It is perfectly insoluble in cold or hot water, not even coloring either in the least; but when put into water heated to the boiling point, or nearly, is softened so that it can be drawn out into fine threads like hot wax. In the same package are generally found other samples that have very nearly the same external appearance, perhaps of a slightly lighter color, and softened by hot water like the other, but which cannot be drawn out into threads, however great the heat. One portion separates from the other at the first attempt to draw it, leaving a rough granular surface. It comes from the druggists in ounce gallipots, and if there is any difference in the varieties, it is that the granular and brittle article is a little lighter colored than the waxy. I am unable to say if both these varieties are produced by the same process; but I have not been able to detect any difference in their medicinal power. They are both soluble in alcohol and in dilute sulphuric acid, and equally

so. About four times the quantity of sulphuric acid is required to produce a solution, that is necessary with sulphate of quinine. It is very slowly soluble in the fluids of the stomach, and in some cases scarcely at all so, as I have reason to believe from having frequently seen pills of it ejected from the stomach in about the condition they were taken several hours before. In consequence of this property of chinoidine I am accustomed to give it in solution with either alcohol or acidulated water, the more certain form, undoubtedly, of obtaining its effect. Giving it in solution, I have no hesitation in saying that by it I have interrupted paroxysms of intermittent fever a great number of times. I do not know in exactly how many case I have given it, but think I am safe in saying five hundred. In very many of these cases, after giving the chinoidine long enough, and in quantities sufficient, had it been sulphate of quinine, to break three intermittent fevers, I substituted the latter remedy with the usual happy and prompt effect. These were cases in which the chinoidine appeared to exert no influence over the disease, after a thorough trial, and were with me quite common cases. Moreover, when successful, I was obliged in most cases to give twice to three times the quantity by weight, that I was accustomed to of sulphate of quinine in similar cases.

From my somewhat extensive experience with its employment, I feel authorized to say that if given in proper quantity, and for a sufficient time, chinoidine will break up the paroxysms of intermittent fever, in a large majority of cases; but that it is preferable in any respect, or equal in its principal power, to sulphate of quinine, I have no reason for believing. Had I intermittent fever, I should certainly not think of taking chinoidine were it possible to obtain sulphate of quinine. If it contain, as M. Roder's analysis shows, from 40 to 43 per cent. of quinia, then it is plain why I had to give it in doses twice to three times as great as of sulphate of quinine. The uncertainty of its action is perhaps owing to the presence of the resin it contains, interfering with the action of the solvent powers of the gastric fluids. Taking its cost at about one third that of sulphate of quinine, then, there is but little in its favor in an economical point of view; and when you add its uncertainty, and the chances of having to resort to quinine after giving a large quantity of it unsuccessfully, its preference can scarcely be advocated. To show the comparative expense of treating intermittent fever by quinine and chinoidine, I will institute a little calculation. The general rule in my practice (and I think it was very like that adopted by my colleagues in the staff) was—after any preparatory treatment that might be necessary—to give from five to seven grains of quinine at intervals of five or six hours, and two hours before the expected paroxysm, till two paroxysms had been prevented; which would almost always be the first two after the commencement of the administration of the medicine. The cases that did not result thus were exceptions and not very frequent. Before the period for the third paroxysm, a dose of about the same amount generally termi-



nates the treatment. The last dose is usually given five or six hours before the fever period. In quotidian fevers this is generally sufficient, but in tertians I am in the practice of giving a five or six grain dose on the well day, about the same hour that the second is given on sick days. From this statement, the maximum quantity of quinine used in ordinary cases of fever and ague would be about forty grains. Taking all the cases that I have treated, it is certainly a very large average. Now according to Dr. Owsley's plan, the maximum quantity of chinoidine given in ordinary cases is about one hundred and fifty grains. This is more than I generally found it necessary to give in the cases where I was successful. No more need be said of the comparative expense of the two medicines. The medical staff of the Panama Railroad Company have given the chinoidine described above in thousands of cases, and while some have had better success than myself, others have had worse; but successful or otherwise, I do not believe there is one of the number that would take it to cure himself of intermittent fever, could he obtain quinine. I perhaps need say no more of its reputation for certainty of action. In solution, its only eligible form for administration, it is truly as disgusting a dose as is ever taken for fever and ague; but supposing there was no objection to it in the pillular form, there is certainly as great objection to pills of chinoidine as of quinine.

Taking everything into consideration that has resulted from the experiments of my colleagues on the Isthmus, and my own, I am forced to the conclusion that in the *treatment of intermittent or any malarious fever, chinoidine is less certain in its effect, less prompt, quite as disagreeable and as expensive as sulphate of quinine.*

S. ROGERS, Surgeon to the Panama R. R. Co.

New York, Dec. 15th, 1855.

## MALARIA, AND ITS CAUSE AND EFFECTS.—NO. II.

BY C. D. GRISWOLD, M.D.

### *Cause of Malaria, continued.*

WHETHER malaria is produced by the decomposition of vegetable matter, or a combination of other agents, is of little importance except in relation to sanitary measures for its prevention. Malaria and its effects are the same, let the cause be what it may, and further back than this the physician has never found it necessary to go in order to gain a knowledge of the diseases consequent upon it, or their management. Not so, however, with the treatment of the cause of malaria; we must here ascertain the elements involved, in order to successfully combat them. The ancient Greeks sought out the causes of disease for the single purpose of avoiding them, for they knew little or nothing of curative measures. By observation they learned that low, damp grounds gave off emanations which produced febrile diseases; and Hercules was placed among the

gods for having rendered healthy a pestiferous marsh. Such was the reward in ancient times for preventive practice. As we approach the Christian era, we find the Romans entertained very correct notions of the causes of epidemic and pestilential diseases, ascribing them to noxious exhalations arising from marshy grounds, acted upon by the heat of the sun.

In modern times, curative practice has taken the place of the preventive; and it is even questionable if the new world is as well protected against the causes of epidemic diseases as the old ere the practice of medicine was recognised as a distinct art. The physician labors for that which yields him a reward, and there are few but what have learned that it is a hazardous undertaking to teach the public the means for preserving health.

The action of the sun in developing malaria has been regarded by some writers as of first importance; but I think it may be clearly shown that its only effect is in hastening the evaporation of surface water. The development of fevers on the clearing of forests would sometimes seem to favor this opinion; but I have never yet known an instance where it could not be explained upon other grounds; such as turning up the soil for the first time, and exposing it to the action of the atmosphere, or the partial draining of a marsh, rendering it worse than when constantly covered with water. The frequent instances, however, in which malarial fevers are traceable to no other source than the exhalations from stagnant water drying away in cellars, would entirely disprove this idea. A striking instance of this kind occurred under the writer's observation some twenty-three years ago, when he knew no more of medicine than a boy may be supposed to glean from the visits of a family doctor. My parents moved into a house during the month of May, which had remained unoccupied the previous winter. The cellar contained about two feet of water, which was immediately drained off; it was then thoroughly cleansed and paved with stone. My parents, who occupied a sleeping apartment on the first floor, directly over the cellar, were soon attacked with fever and ague, which afflicted them, off and on, for several months. The other members of the family, numbering six persons, occupied sleeping rooms above, and all were exempt from the disease. This occurred in one of the healthiest districts of Vermont, and in a house where a case of malarial fever we could not learn to have ever been known before, and where there certainly has not been one since.

In the summer of 1853 I was called to prescribe for a family in the district of my practice, where the mother and three out of four of her children were attacked with intermittent fever within the space of a few hours. The cellar of the house contained water that had been standing for some weeks, and possibly longer. The fourth and youngest child was soon after attacked with dysentery. The father of the family was occupied during the day from home, and resisted the disease for about two weeks after the first cases occurred, and then was taken down with the severer form of re-



mittent fever, attended with bilious vomiting. I found it difficult to prevent a recurrence of the disease while the family remained in this house, and after moving away, I saw no more of these cases.

Old ruins are well known to foster malaria in its most pestiferous state. The late John L. Stephens, when prosecuting his explorations in Yucatan, suffered severely from intermittent fever, which he attributed to the malarious atmosphere of old buildings and subterraneous passages which he was occupied in examining, although of a temperament that offered great resistance to the effects of malaria.

From facts of this nature I am inclined to the opinion that the action of the sun is more salutary than otherwise. In the instance of malarial fever being developed on the clearing of forests, it should be remembered that green foliage undoubtedly possesses absorbing or neutralising properties over this poison; and therefore malaria becomes more perceptible on new clearings. The degree of heat essential for the development of malaria, is a question which has never been definitely settled. La Roche cites authorities to show that malarial fevers do not prevail epidemically in countries where the temperature is never elevated above  $65^{\circ}$ , and that in some parts of the world a temperature of  $80^{\circ}$  is essential for the generation of malaria, and that it "subsides on the accession of frost."

It is not, I apprehend, so much an elevated temperature that is essential for the generation of malaria, as continued dry weather, in order to reduce stagnant water. With the return of cool weather, autumn rains usually set in, and thus by filling sunken places with fresh water, the noxious exhalations are arrested. The past summer has been remarkable for repeated rains over the western extremity of Long Island, and the season has been very healthy until about the first of October. Since then there has been but little rain in this region, and the open pools and swamps have been very dry. There has also been a severe form of remittent fever prevailing, accompanied in some instances with typhoid symptoms. Cases of simple intermittent have also been quite frequent, and continue to occur up to the present time (December). How far these cases are the result of malaria that has remained latent in the system since summer, it would be difficult to judge. Certain it is that malaria has been generated since the temperature has fallen below  $65^{\circ}$ , or else its latent and cumulative states must be admitted.

In the winter of 1852 I was attacked with well-marked intermittent fever in New York. In October of the previous autumn I had returned from the Isthmus of Panama, but had enjoyed uninterrupted good health through the severest of the winter up to the last of February, when one morning, while sitting in my office in Warren Street, a severe ague set in, followed by fever, and this in turn was succeeded by profuse perspiration. Not altogether satisfied with the nature of the attack under such peculiar circumstances, I neglected the necessary remedies to arrest it, and consequently suffered

a return on the second day following. Since then I have frequently seen intermittent fever in the winter season, and especially in the early months of spring, before the generation of malaria could be suspected from an elevated temperature.

The anomalous forms of intermittent disease are, however, of more frequent occurrence during cold weather, than the more simple and easily distinguished cases, of which I shall have more to say in a future article. The occurrence of such cases as these has great influence with the non-professional observer, who cannot appreciate the action of a cause remote from the attack, in strengthening his opinion against the malarial origin of fever.

Humidity of the atmosphere, fogs and rains have often been regarded as the essential causes of fever, from the apparently intimate relation of one with the other in many instances.

It is very common in malarial regions for a large accession of fever cases to occur immediately after the falling of rain, especially if accompanied by a low temperature of the atmosphere. The effect of the rain, under such circumstances, is merely to excite the dormant malaria that has been previously taken into the system to action, or in other words, developing the fever that had been previously cumulating. Acting thus as an exciting cause, the unthinking look no further back for one pre-existing. Another equally plausible supposition is oftener offered to the physician, viz., that the fever is the result of a cold, which it will readily be seen may frequently be a coincidence.

The effect of fogs, dews, and otherwise humid states of the atmosphere, consists more essentially in the capacity of aqueous vapor to hold malaria by absorption. In this way it is taken into the system in a concentrated state, and more promptly develops fever.

The assertion that fevers are more rife in tropical climates during the rainy season, made by Lind, Fordyce, La Roche and many others, is not always true. On the Isthmus of Panama, the rainy season is proverbially the healthiest. The more continued the rain, the less fever. On the other hand, with the setting in of the dry season fevers become more frequent and more severe. In climates where rains are not as continuous during the wet season as they are on the Isthmus of Panama, I can readily suppose that the cause of fever would be generated to a degree even worse than during the dry. The law which governs the generation of malaria holds good in all climates, however varying in temperature, and this will be found to accord with the relative degrees of continued saturation of the soil, succeeded by drought, as I have attempted to show in the preceding article.

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#### DISLOCATION AT THE TARSO-METATARSAL ARTICULATION.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case of dislocation having occurred under my observation, I thought its extreme rarity and almost impossible nature sufficient apology for reporting it.



C. F., the patient, a robust and vigorous young man, æt. 25, while riding on horseback, was suddenly dismounted by the stumbling and falling of the animal, whose whole weight fell upon his left foot.

It presented, upon the examination of Dr. L. J. Ham, of this place, the following appearances. The length of the foot was shortened about one inch. There was a prominent elevation upon the dorsum, indicating the tarsal extremities of the first, second and third metatarsal bones, riding over the cuneiforms. I saw the case several times in connection with Dr. H., and fully concur in the correctness of the diagnosis.

The strong ligamentous union of this articulation, its slight mobility and the compactness of the bones implicated, show the impossibility of dislocation from all ordinary applications of force.

Cruveilhier, in describing the mechanism of this articulation, says that "no example of the luxation of these bones upon the tarsus has been recorded." Consulting several surgical authorities, I do not find this species of dislocation described.

In the present case I have been only able to account for its occurrence on the supposition that the force was communicated in such a manner as to double the phalanges and metatarsal bones upon the plantar surface, dislocating upwards the tarsal extremities of the latter.

The reduction was accomplished in the following manner:—an assistant taking hold of the heel, made powerful counter-extension, while the surgeon, with both hands grasping the foot, made extension, and having brought the dislocated extremities in opposition, they were reduced by strong compression with the thumbs.

There being not much tendency to displacement, in order to prevent the active inflammation which must supervene upon so extensive a laceration of the ligaments, light dressings and evaporating lotions were employed.

A high grade of inflammation followed, and at one time the lividity of the surface gave strong indications of an approach to gangrene; this, however, did not occur, and with the subsidence of the inflammation the foot has progressed slowly, but favorably, to recovery.

Some time must necessarily elapse before the normal elasticity and strength are acquired, owing to the extensive infiltration and the slowness of the reparative process in these dense fibrinous tissues.

D. W. HERSHEY, M.D.

*Williamsville, N. Y., Dec. 16, 1855.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

SEPT. 10th. *Death from the Symptomatic Vomiting of Pregnancy; Cases; Comparative Infrequency of a Fatal Result; Experiment relative to the untwisting of the Funis Umbilicalis; Changes in the Os Uteri during Pregnancy; Diagnostic Value of the "Mucous Plug," &c. &c.* Dr. J. B. S. JACKSON related the case, the particulars of which he had received from the physician who attended the patient.

Mrs. ———, nineteen years of age, had usually enjoyed good health; her mother died of phthisis; she was married in November, 1854; became pregnant, but miscarriage took place in the following February, about two months after conception. She menstruated for the last time about the middle of June, 1855, while on a visit in the State of Maine. About the first of July she complained of nausea and had occasional attacks of vomiting. The family physician was called on the 13th of July. The prominent symptoms were nausea and vomiting; although the pulse was but little excited, and the tongue not much coated, she yet was inclined to keep her bed. Various remedies were tried, successively, with the effect of increasing rather than diminishing the nausea; the patient emaciated rapidly, and symptoms of general constitutional disturbance soon followed. The mind remained clear, but the vision became impaired, the eyes presenting a strongly-marked amaurotic look. The dimness of vision commenced about two weeks before the patient's death, and increased nearly to blindness a few days previously to that event, which occurred on the 1st of September, 1855. Pregnancy was suspected, but was somewhat called in question, as no change occurred in the breasts, nor in the *os uteri*.

Dr. Jackson made the *post-mortem* examination, and the following appearances were observed.

A fœtus was found, and of the usual size at the third month of gestation. *Os uteri* unchanged; *cervix uteri* filled with viscid secretion, but not more so than is occasionally seen in the unimpregnated womb. Nothing abnormal remarked in any of the organs.

Dr. J. said that he was much interested in a simple experiment performed by one of the physicians present at the autopsy. The cord was twisted, as it usually is at this stage of pregnancy (and, furthermore, it was coiled once around the child's neck); being held up by its placental end, and the fœtus thus suspended, so that it was free to move in any direction, it began at once to "spin round," and continued so to do, until the cord was completely untwisted and became as straight as it would be in a two months' fœtus. The cause of the twisting of the cord, Dr. J. had never thought of; nor had he ever seen or heard it alluded to, though it cannot have escaped the attention of physiologists. It would seem, from this instance, that it may be owing to the revolutionary movements of the fœtus, whose muscles are considerably developed, although the mother may not have felt any motion of the child.

The bladder contained quite a notable amount of urine.

Dr. J. remarked that this was the fourth fatal case of vomiting arising from the pregnant condition, which he had examined *post-mortem*; and all of the patients were at, or near, the third month of utero-gestation. There is also a specimen (a fifth case) in the Society's cabinet. Dr. JAMES JACKSON had mentioned to Dr. J. that he had seen three cases.



Dr. PUTNAM said that the vomiting of pregnancy was generally considered an inconvenient, and often a distressing, symptom, but its fatality was seldom recognized; and the treatment, consequently, by induction of premature labor before the seventh month, was strongly objected to. Dr. P. mentioned the case of a young married woman in the fourth month of pregnancy, in whom, on account of dangerous exhaustion, he had effected premature expulsion of the ovum, but not without conviction of its necessity.

In regard to the changes in the neck of the uterus, Dr. Putnam believed that more or less softening commenced at a very early period, but that little actual shortening occurred before the last month of gestation.

Dr. STORER referred to a fatal case of vomiting in pregnancy, and added that Dr. Jackson seemed surprised that there was no change in the *os uteri* in the patient of whom he had spoken; the fifth month, however, is the most common period for observing any marked alteration.

Dr. Jackson replied that he was well aware that the *cervix uteri* is but little, if at all, changed, but he had supposed there was a degree of thickening, and a tendency to patulousness, of the *os*.

Dr. PARKS said that certain of the best obstetrical authorities state that there is no change in the *os uteri* until the sixth month; never at the third, at least in first pregnancies.

[CAZEAUX, we observe, in his "Summary of the Signs of Pregnancy at different Periods," mentions "slight softening of the mucous membrane covering the lips" of the *os uteri*, as one of the signs appreciable by the touch (*signes sensibles*) at the "first and second month"; he adds—"this membrane is, as it were, slightly œdematous (*comme œdématisée*). In the third and fourth months, this softening is spoken of as "much more marked." This author asserts, in reference to the neck of the uterus, that "it maintains its natural length until the last fifteen days of gestation." (*Op. cit.* p. 75.) SECRETARY.]

With regard to the cord being twisted by the accidental motions of the child, Dr. COALE did not think that such a view could be entertained. The twist was constant and in the same direction, neither of which conditions would exist if it were mere chance. There was evidently a design in it, which design he considered to be the more easy bending and coiling of the cord, and the prevention of any of its vessels being violently and abruptly bent upon itself, or compressed by the others. A comparison between a loosely twisted rope and three strands laid parallel to each other, would readily illustrate the practical effect of this. He could not be surprised at the untwisting, but considered it perfectly natural, and felt assured that any umbilical cord would similarly untwist as far as the envelope of membranes would permit.

[In attending his next case of midwifery Dr. C. had an opportunity of testing this opinion, and found that by holding the severed cord high enough to suspend the placenta, it spun around until the cord was almost entirely untwisted.]

Dr. Jackson thought that the structural changes, in a full-sized cord, would prevent the motion referred to.

Dr. STRONG believed that the movements of the *mother* might communicate a twist to the cord.

Dr. Coale wished to inquire the opinion of those present as to the value of the *mucous plug as a sign of pregnancy*. He found that no great stress was laid upon it in the books, nor was it thought much of by those with whom

he had conversed, but he was disposed, from his own experience, to give it a high value. Some time since, he was consulted in a question of pregnancy where the condition must have been recent, and the signs were obscure. Upon finding a tough, resistant plug in the *os tinca*, he pronounced it (as he immediately felt, rather hastily), a case of pregnancy. It proved to be so, but feeling the risk he had incurred in giving an opinion upon what might seem slight grounds, he was led to more close observation upon the point, and from this to believe that the mucous plug of pregnancy can readily, if proper care be used, be distinguished from the accidental increased secretions often met with. He was so well assured of this, that, early in the summer, being consulted by a lady who had just weaned a child, as to whether pregnancy existed, he felt justified—though much depended upon his decision—in asserting, upon the evidence of this sign alone, that his patient was pregnant; and the result confirmed his opinion.

Dr. Jackson remarked that it is by no means uncommon to find a firm, mucous plug in the unimpregnated.

[The comparative rarity of a fatal termination of the symptomatic vomiting of pregnancy, at least in this vicinity, is worthy of notice. In addition to the instances cited above by Dr. Jackson, one which occurred several years since, in a neighboring city, may be mentioned. The patient was a *primipara*, of nervo-sanguineous temperament, delicate and susceptible to external influences of every sort; the intellectual faculties highly developed; dyspepsia, accompanied by headache, often complained of. The vomiting commenced early in pregnancy and resisted all remedial measures; the actual duration and the time of death have escaped our recollection.\*

The efficacy of chloroform in these cases, applied externally, to the epigastrium, and which was alluded to by Dr. Jackson, has been, of late, often tested. In three instances of its use in the "morning sickness" of pregnant women, we have found it *completely* remedial. In one case the patient was, by her own reckoning, not more than four or five weeks advanced in gestation, and had been trying other means in vain, when after only three applications of the remedy, on different days, the symptom disappeared and did not recur.

Professor SIMPSON (*Obstetric Memoirs and Contributions*; Vol. I., Amer. Edition), in one instance of the vomiting of pregnancy which threatened to produce miscarriage (this accident having occurred in a former pregnancy at the third month), found the inhalation of the vapor of hot laudanum efficacious in arresting the symptom and procuring "speedy sleep" for the patient. (p. 315.) In four or five days she was able to undertake a journey of from 300 to 400 miles. The same authority highly extols the *oxalate of cerium* in these cases; to be given in the dose of one or two grains.

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\* A fatal case of vomiting during pregnancy was lately reported by Dr. Buckingham, of this city (*Boston Medical and Surgical Journal*, Vol. LII., page 142). This instance is cited in a recent paper in the "*Western Lancet*" (July, 1855), by M. M. Pallen, M.D., Professor of Obstetrics, &c., in the St. Louis Medical College. Dr. Pallen has met with three fatal cases in his own practice. He also induced premature labor in a patient who consulted him in October last, and whose case threatened to terminate in exhaustion and death. The stomach would not retain cold water, even. Sponge tents were successfully employed by him to dilate the *os uteri*, and ergot caused the expulsion of the ovum without any hemorrhage. No untoward results; the vomiting ceased immediately. The uterine *douche*, as recommended by Kiwisch, and the galvanic battery, both failed to induce labor. Dr. P. refers to the discussion on this subject in the French Academy, and states the conclusions of Dubois and others. He dissents slightly from certain of the rules laid down by the former, although he adopts them in the main. We agree with him in the opinion that it is difficult to give general rules for the guidance of practitioners in these cases, and that each one must "judge how far he can rely on the efforts of nature and therapeutic means."—(*Loc. cit.*)



Although it has sometimes failed, he has "repeatedly had occasion to see it both immediately and perfectly successful in some instances where the usual succession of medicines,—prussic acid, naphtha, opium, bismuth, ice, &c.—had all been previously and perseveringly tried in vain." (*Op. cit.*, p. 285.)

Dr. RAMSBOTHAM remarks that when vomiting "is entirely absent, utero-gestation does not proceed with its usual regularity and activity"; and Churchill, quoting the opinion, says, "so far my experience agrees with his, that irregularities in this particular, are frequently followed by deviations in the other symptoms of pregnancy.—(*Theory and Practice of Midwifery, English Edition*, p. 108.)

Ramsbotham does not allude to the possibility of a fatal termination of the vomiting of pregnancy. Dr. BLUNDELL speaks of it, although he gives no instances; and while he refers to the induction of premature labor as remedial in troublesome cases (as mentioned by Dr. Putnam), he rather discourages the procedure, as not unlikely to be disastrous to both mother and child by reason of flooding, &c. Dr. Churchill (*Op. cit.*, p. 247) quotes DENMAN and MERRIMAN as countenancing the operation in extreme cases; the latter accoucheur and Churchill himself have thus practised. In Merriman's case the child was born alive, six weeks before the full period; both mother and child did well. In the other instance, at the sixth month, a dead fœtus was thrown off after artificial rupture of the membranes and the administration of ergot; rapid recovery of the mother ensued, and she "has since borne a child at the full time." (*Op. et loc. citat.*) The same author gives a case of fatal vomiting during pregnancy, from Dr. JOHNSON (*Lancet*, March 3, 1838); patient 30 years of age; sickness supervening soon after marriage; gradually becoming extreme; pregnancy not recognised (although at first suspected); death from actual starvation; a four months' fœtus found in the uterus. Every means of treatment totally unavailing.

In the *Edinburgh Medical Journal* for October, 1855, we observe an article quoted from the *Gazette des Hopitaux* for July, 1855, and entitled "On Obstinate Vomiting in Pregnancy." "Several methods of treatment," it is remarked, "have recently been brought forward, and among these the application of leeches and belladonna to the neck of the uterus." Négrier, of Angers, proposed the former, "believing that the vomiting of pregnancy was owing to the sympathetic extension (*irradiation sympathique*) to the stomach, of an inflammatory irritation of the neck of the uterus." "M. Cler-tan," continues the writer, "has adopted the method with success."

M. Bretonneau, having "the idea that the vomiting arose from a spasmodic rigidity of the uterus, which resisted the distension consequent upon the growth of the fœtus," used belladonna—applying it, by friction, "over the hypogastric region," or "immediately to the uterine neck by means of a pessary, and in many cases he has thus also met with fortunate results." (*Loc. cit.*)

From the recent researches of M. Cartaya, of Cuba, the following results have been derived. "In 58 examples of intractable vomiting during pregnancy" there were "30 cases of death, and 28 of recovery. Of these 28 recoveries, 11 were ascribed to the occurrence of abortion or the death of the fœtus and its subsequent expulsion; 2 to the influence of therapeutical remedies; and 1 to the occurrence of critical diarrhœa; 14 to the artificial induction of premature labor.

"The principal object in adducing these facts, is to draw attention to the important nature of the affection to which they relate, and the resistance it offers to the therapeutical remedies hitherto employed in its treatment; and

to impress upon medical men the necessity of multiplying those means and resources which observation and experiment may suggest as applicable to the difficulties arising from this serious complication in utero-gestation." (*Loc. cit.*)

As will be seen by the above enumeration of M. Cartaya, more than half the cases cited were fatal; the occurrence of premature labor, induced or accidental, was followed by cure in nearly half of the reported recoveries, and this fact speaks loudly in favor of the practice. As Dr. Churchill remarks, in speaking of the fatal case above referred to as occurring to Dr. Johnson, so in all critical cases, "surely the induction of premature labor" would be not only "justifiable," but imperatively demanded, as doubtless the only measure "affording the mother a chance of recovery."—SECRETARY.]

SEPT. 10th. *Death following Convulsions apparently caused by eating Castana Nuts.* Dr. HOMANS, Sen., reported the case.

E. C., a male child 22 months old, has generally been healthy; was weaned last April. During July and August it had a slight diarrhœa at times; this, however, was easily controlled, and for three or four weeks just preceding its last illness, had been of very little consequence.

At noon of Sunday, Sept. 2d, the child ate three castana nuts, and, about an hour afterwards, complained of "pricking in his stomach." This was soon followed by vomiting, during which portions of the nuts were thrown up. Until night, vomiting took place whenever any food was swallowed.

Sept. 3.—The child had passed a restless and uneasy night, though it had slept at intervals. About 9 A. M. it complained of thirst, and after drinking, emesis again occurred, and was followed, in fifteen minutes, by a liquid defecation containing pieces of the nuts. The amount of the patient's drink was then limited to one teaspoonful of liquid at a time, and a quieting mixture was given. No more vomiting took place until 6 o'clock, P. M., after eating a morsel of bread. He was about the room, on his feet, and playful, till 7 o'clock, and at 7½ o'clock went to bed, but soon became very restless. His mother's attention was called to him, about 12½ o'clock at night, by feeling his little hand violently grasping her leg. On examination, he was then found convulsed, with his eyes wide open and fixed. Emetics were freely given, and with thorough effect; the bowels were relieved by injections, and the patient was placed in a warm bath, but the convulsions continued until his death, which occurred at 10 o'clock, A. M., Sept. 4th.

At the autopsy all the organs appeared in a normal condition, with the exception of indications of slight inflammation of Peyer's patches.

SEPT. 10th. *Extensive Paralysis following Exposure to Cold.* Dr. ELLIS related the case.

The patient was a married woman, 24 years of age, a native of Ireland, who had been in this country seven years. When seen, on July 31st, she reported her general health as good, but that she had been obliged, seven weeks before, to wean her child, when eight months old, on account of the debility caused by nursing it. The catamenia had not returned, but she had suffered somewhat from pain in the hypogastric region. A fortnight previous she was attacked with diarrhœa, which continued for several days, and during the last week pain in the head had been quite troublesome. Though her strength had improved she was still somewhat debilitated, when, on the evening of July 29th, the weather being cold and stormy, she fell asleep upon a bed so placed that the left side of the head and the left shoulder were exposed to the air from an open window. Though thinly clad, she



lay in this condition for an hour and forty minutes. On awaking she felt "perfectly benumbed and miserable"; but, though much confused, she undressed herself and retired for the night. At 3 o'clock on the following morning, she was hardly able to stand, and found that the whole of the left side was "numb, tingling and weak," and that the mouth was distorted. After bathing the parts in mustard and water and rubbing them with flannel, the leg recovered entirely, but the arm remained nearly helpless and the mouth was still affected. Some improvement took place; but two days afterwards she applied for advice. At that time the mouth was drawn towards the right side, and she still complained of a loss of power and coldness in the left arm. When examined she could move all the fingers slightly, though unable to do so on the preceding day. The sensation was still somewhat diminished in the left hand, though unimpaired in the upper part of the arm. The night before she had noticed cold perspiration on the affected shoulder and arm. No disorder of the mind was perceptible, but she still complained of feeling stupid. Dr. E. thought that the senses of sight and hearing were both impaired. Pulse 84, after walking. Tongue well. Under the use of friction and electricity, she rapidly improved, and on the 7th of August was able to use her arm perfectly well; but it was not until September that motion and sensation became normal in the thumb. The countenance had previously resumed its natural appearance.

SEPT. 24th. *Fœtus carried for nearly three months after its Death.*—*Disease of the Placenta.* Reported by Dr. CHARLES WARE.

The mother had previously borne one living, and one still-born child. She became pregnant and expected to be delivered about the last of September. She was very well during pregnancy, up to the 1st of July, when the motions of the child suddenly, and without an apparent cause, ceased, and were never again perceived. There was little else to mark the event, except that the breasts began to swell, and there was quite a flow of milk. This soon subsided, and the woman continued perfectly well up to the 21st of September. The proportions of the abdomen remained the same as before the accident, neither increasing nor diminishing. Labor pains supervened on September 21st, and after about twelve hours, a shrivelled fœtus of about six months was expelled, and which looked as if it had been soaked in spirit. The placenta was natural in size, but of a hard, solid structure, which resembled fat, but was found, under the microscope, to be fibrous. There was no distinct apoplectic effusion, although its aspect, in spots, gave the idea that there might have been, formerly, and that this had caused the peculiar appearance of the placenta.

Two days after the delivery the patient's breasts began to swell, and there was, again, quite a troublesome flow of milk.

In connection with this case Dr. STORER remarked that it was well known to the profession that a diseased placenta very frequently accompanied the expulsion of a still child. He had seen them twice coincident in the same patient. About eighteen months since he was called to a lady miscarrying at the eighth month; the child was still, and had died apparently within a recent period. There were slight desquamated patches on different portions of its surface. The placenta was friable throughout and very readily broken by the finger.

Since the last meeting of the Society, he had again been called to see this lady, who, since her former accouchement, had moved into a neighboring town. When Dr. S. arrived, he found she had been taken suddenly ill, and had been compelled to summon another medical man. The child had just

been delivered, still ; it was of the same age, and presented appearances similar to those noticed in the previous case. Dr. S. found the placenta to be much less firm than usual, and the greater portion of its maternal surface was subdivided into numerous distinct nodulations, varying in size, and resembling exaggerated hydatids. The mother had never enjoyed good health.

SEPT. 24th.—*Interstitial Pregnancy.* Reported by Dr. C. H. STEDMAN.

S. A. H., a light mulatto girl aged 20, unmarried, chambermaid, of healthy and strong constitution, at 6 o'clock, A.M., of Sept. 15th, complained of pain in the umbilical region. Her mother gave her a mixture of camphor and laudanum. Being somewhat relieved, she left her home, and went to her place of service. Her pain increased, and at 9 o'clock she fainted. She then had a desire to defecate, but could not accomplish any thing. An apothecary who was called in directed a pediluvium ; this, with friction of the abdomen, seemed to relieve her for a time. On taking some brandy and water she vomited. She was taken in a coach to her mother's house at 4½ o'clock, P.M., and continued to be very faint and in great distress. Dr. F. H. GRAY, who was called in, found her extremities cold and her pulse feeble and rapid. The mother says that "her breath was cold"—her lips were exsanguine and her cheeks had lost their usual redness. Her consciousness remained till near her death, which occurred at 5½ o'clock the same day.

From her mother it was ascertained that her menstruation had for several months been irregular—that "she had seen nothing" for two months past, and that this was not an unusual occurrence with her.

The appearances observed at a *post-mortem* examination of the body, conducted by Dr. F. S. AINSWORTH, were as follows:—

Sept. 16th, 1855—11 o'clock, A.M.

*Externally.*—The form was well developed, the mammary glands were unusually large, the nipple prominent, the areola not remarkably dark, the skin over the front and outer portion of both thighs was slightly scarred, as if from former pregnancy. The lips and face were exceedingly pale and exsanguine.

*Internally.*—The *brain* was very pale and empty of blood ; otherwise it was healthy. The *lungs* presented the same appearances. The left lung was attached to the pleura costalis by old adhesions. The *heart* was healthy. On opening the *abdomen* a large coagulum was found lying over that part of the intestinal tube contained in the pelvis, bounded above by a line drawn between the iliac crests and filling up the cavity of the pelvis. Three quarts of fluid blood were drawn off from the cavity of the abdomen. On examination of the coagulum, fibrous and shreddy filaments were found extending throughout its whole substance ; and on raising it up from the *uterus*, the mass tore away from the left side of the fundus of the uterus just beyond the entrance of the *Fallopian tube* ; at which point there was a rupture of the substance of the uterus about one inch in length, leaving an excavation in that organ about the size of a small hen's egg ; the walls of which were rough and studded with small coagula, and, upon the peritoneal surface, very thin. A probe passed into the Fallopian tube penetrated into this cavity. The uterus itself was about twice its normal size. The os was closed by a gelatinous substance. The lining membrane of the cavity was much thickened, presenting the usual appearance observed in the first months of pregnancy. The cavity of the fundus was separated from the excavation above-mentioned by the thickened lining membrane of the



cavity of the uterus. No opening was found between the excavation and the cavity.

On examination of that portion of the coagulum found in the abdomen, and which was attached to the uterus, a *fœtus* was found, enclosed in its membranes, apparently about eight weeks old.

All the other organs of the body were examined and found healthy.

[CHURCHILL declares "*interstitial fœtation*" to be the rarest of all the forms of *extra-uterine* pregnancy. He gives three divisions, from the work of Dr. Campbell,\* for the varieties of this accident, viz.:—Ovarian, tubular and interstitial fœtation; the latter he defines to be that in which "the ovum enters the parietes of the uterus, but is detained in an interspace of the fibres before it arrives in the uterine cavity." "Ovario-tubal" fœtation (Campbell) and "ventral" fœtation are enumerated; the former being a compound of the first two varieties, and the latter that in which the abdominal cavity is found to contain the ovum. Dr. Campbell rejects cases of the latter sort, as doubtless belonging, originally, to one or other of the above-enumerated forms; a separate class being therefore unnecessary.—(*Op. cit.*, Eng. Ed., pp. 127–8.) An interesting case is related by Dr. Churchill; "it occurred in the practice of the late Mr. Hey, of Leeds, and by him was communicated to Dr. W. Hunter." In further remarking upon this subject, Churchill writes as follows:—"In interstitial fœtation, the symptoms are a modification of those in the other varieties. In some, there are abdominal pains and sanguineous discharges, in others these are absent; but in all the cases on record, the tumefaction and fœtal movement were confined to one side of the abdomen. It is also remarkable, that in all, the child appears to have lived to the term of utero-gestation."—(*Loc. cit.*, p. 132.) Dr. Ramsbotham prefers to call interstitial fœtation "*parietal*." He refers to the history of a case of extra-uterine fœtation so long since as the times of Albucasis, but adds that "the occurrence was by no means understood till comparatively recent times, and very few years have elapsed since the parietal variety has been known to exist.—(*Obstet. Med. & Surg.*) Schmitt, of Vienna, is said (*Ramsbotham*) to have given the first detailed account of this particular species.—(*Memoirs of the Josephine Academy*, Vol. I. Vienna. Anno 1801.) Ramsbotham met with an instance in 1820, but the specimen was not fully understood by him until 1824, when translating a French account of a case identical with his own, and which was sent by Breschet to the Medico-Chirurgical Society.—(*Trans. Med. Chir. Society*, Vol. XIII.) This, according to Dr. R., is the first paper descriptive of this variety of fœtation (*parietal* or *interstitial*) published in the English language.

Authors have speculated not a little upon the *causes* of extra-uterine fœtation. It has been remarked that a large relative proportion of unmarried females have become the subjects of the complaint; this gives some foundation for the supposition that such persons are more liable to be afflicted with it than women of regular habits and character.†—(*Astruc, Josephus* and

\* *Memoir on Extra Uterine Pregnancy*. Edinburgh, 1840—Dr. Ramsbotham says of this work, it is "a publication full of most valuable facts and deep research, and which I would strongly recommend to the perusal of those who take an interest in this subject."—*Obstetric Medicine and Surgery*, Eng. Ed., p. 646.

† In Dr. Stedman's case the patient was unmarried; her occupation was one which usually requires much exertion, and although no direct accident or violence is mentioned, her irregular life and the furtive sexual connection practised may be remarked as somewhat corroborative of this observation. M. Cazeaux states that he has had but two cases of extra uterine fœtation. He is not inclined to admit the influence of sudden fright during coitus as being so likely to occasion the accident as certain deviations or abnormalities of the Fallopian tubes—their being affected with spasm, &c.

*Burdach*; referred to by *Ramsbotham*.) Surprise during *coitus* has been followed by this accident. A blow on the abdomen shortly after conception, producing inflammation, has been supposed causative of the arrest of the ovule in its transit from the ovarium.—(*Montgomery*.) *Ramsbotham*, in his own practice, has had twelve cases of extra-uterine conception; one only was interstitial; there were but four recoveries.—SECRETARY.]

At the next meeting, Dr. Jackson said that he had examined the specimen with Dr. Jeffries Wyman, since it had been shown to the society by Dr. Stedman. A bristle was passed into the right Fallopian tube, and it seemed about to enter the cavity from which the *fœtus* was removed; but it could not be made to enter, after a long and careful trial; and neither did water, when injected into the tube through an Anel's syringe, appear to come out into the cavity. It was not found, then, to be a case of tubular pregnancy; though it terminated, as such cases usually do, by rupture and hemorrhage into the peritoneal cavity. Subsequently, the point of the bristle was found to have penetrated into the cavity; but this was probably the result of some slight violence done to the parts in handling them.

The left ovary was fully examined, and showed no traces of a *corpus luteum*. In, and projecting from, the right ovary, was a cyst nearly or quite as large as an English walnut; the parietes were not more than a line in thickness, and had the color and consistence of a *corpus luteum*. The right ovary was not otherwise remarkable; and Dr. J. suggested the idea that the cyst might possibly be a *corpus luteum*, in which the central cavity not having been obliterated, the lining membrane has poured out serum so as to distend and thin the parietes. The *corpus luteum*, however, according to this suggestion, was not merely dropsical, but it was on the wrong side; it was in the right ovary, whereas the ovum was near the uterine termination of the left Fallopian tube. Dr. J. hardly felt authorized to use Dr. Wyman's name, but he has understood him to say that, in the tortoise, something like this want of correspondence has been observed between the situation of the *ova* and that of the *corpora lutea*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 3, 1856.

### COMPARATIVE VALUE OF THE DIFFERENT HÆMOSTATIC AGENTS.

A CORRESPONDENT sends us the following translation, which we publish as conveying valuable information upon an important subject.

THE *Gazette des Hôpitaux* of September 29th, in an article on the comparative value of different substances as means of arresting hæmoptysis, after remarking that bleeding for this purpose has deservedly fallen into general disfavor, alludes to the clinical researches of Dr. Aran, published in the *Bulletin générale de thérapeutique*, and gives a *résumé* of the interesting and valuable results to which he had arrived. We translate passages which seem to us of considerable value.

M. Aran has successively tried agents belonging to the class of hæmostatics, properly so called, such as resinous substances, the ergot of rye and common salt; then astringents—acetate of lead, alum, *eau de Rabel*, tannin, and gallic acid; nauseants and emetics—*ipécac*, tartar emetic, *veratrine*; and sedatives of the circulation—nitre and digitalis.



Of the agents belonging to the first group, hæmostatics proper, the essence of turpentine has seemed to M. Aran especially to deserve the attention of physicians. He has prescribed it pure, in doses of from ten to thirty drops, in a glass of water, or made up into a bolus with magnesia, and taken enveloped in moistened wafer (*pain à chanter*). Generally within a few hours after the patient commences taking it, there is a very marked diminution in the amount of the hæmorrhage, and in twenty-four or thirty-six hours at the most, it is reduced to a very small quantity or entirely ceases. On the other hand, M. Aran is convinced, as many English and German physicians have already proved, that the essence of turpentine is less suitable in hæmoptysis, with a tendency to inflammatory action within the chest, a febrile movement, or when it occurs in young or rather plethoric subjects, than when it happens in debilitated, cachectic subjects, with characters of *passivity* or atony.

Ergot of rye and the ergotine of M. Bonjean, have shown much less efficacy against hæmoptysis than essence of turpentine. The former, even, when given in a very large dose, has seemed to exert only the most moderate influence upon the hæmorrhage.

The same is not the case with chloride of sodium or common salt, which has been proved to possess an undoubted efficacy in doses of from sixty to one hundred and fifty grains taken in the course of a few hours in solution, or in the form of powder. It is particularly deserving of recommendation in such cases, as it is constantly at hand.

Among the astringents, M. Aran has found none worthy of confidence except tannin and gallic acid. Gallic acid seems to him preferable to tannin, as, with the same styptic properties, it has not the same drying action upon the tissues, and does not produce the obstinate constipation which occurs when the latter is employed. The medium dose of gallic acid, as he administered it, was, from ten to twelve grains in twenty-four hours, in powders of two grains each, given at intervals of two hours.

M. Aran acknowledges the power of nauseants and emetics to arrest hæmoptysis, such as tartar emetic, ipecac and veratrine. With regard to the first two this property has been known for a long time. As for veratrine, in three cases in which it has been prescribed, the hæmoptysis was arrested as if by enchantment as soon as nausea and vomiting took place. These agents would deserve, then, to be placed in the first rank of hæmostatics, if there were not others of equal efficacy, which do not produce nausea and vomiting, effects which are always painful or disagreeable to the patient.

Nitre and digitalis have been equally, and with good reason, extolled in this case by the name of sedatives to the circulatory system. Following the example of Schmidtman, who conceived the idea of combining sea salt with digitalis to combat hæmoptysis, M. Aran, for the same purpose, combined digitalis and nitre. This mixture, it appears, produced very remarkable results.

In ordinary cases he gave in the course of twenty-four hours four grains and a half of digitalis and twenty-three grains of nitre in four powders. But when the hæmorrhage was very profuse the quantity of nitre was carried as high as thirty-eight grains, and that of digitalis to eight or even twelve grains; in some very grave cases the quantity of digitalis given was carried to twenty-three grains and of nitre to sixty grains. A remarkable circumstance noticed was, that when these remedies were given in this quantity the system was not affected in any unfavorable manner; the pulse did not suddenly abate in frequency, nor was there a very abundant diuresis.

On the other hand, the effect upon the hæmoptysis was most marked ; in a few hours the flow of blood was considerably reduced, and often after twenty-four or thirty-six hours there remained only a little bloody expectoration. The diminution of the hemorrhage was generally accompanied by a great calm. Nevertheless M. Aran observed that never, after the administration of essence of nitre and digitalis, was the arrest of hemorrhage so sudden as after the administration of turpentine or gallic acid.

M. Aran sums up his opinion of the respective value of the different agents in question, in the following words :—In profuse hæmoptysis, but not immediately threatening life, the physician may take his choice of either of the preceding remedies. In very profuse hæmoptysis, on the contrary, where it is necessary to arrest the bleeding as soon as possible, and by means the least likely to depress the system, the physician cannot trust to tardy remedies. Neither the ergot nor sugar of lead nor *eau de Rabel*, nor alum, nor rhatany, &c., will be equal to the emergency. Only turpentine, gallic acid in a large dose, salt, nitre combined with digitalis, can be employed with success ; but the necessity of proportioning the dose of the medicine to the intensity of the hemorrhage, in administering the chloride of sodium, but particularly the nitre and digitalis, is productive of great inconvenience ; the danger of too great a depression from too large a dose, or from too long a continuance of the remedy.

"It is then to gallic acid and to turpentine that I give the preference in these grave cases ; yet, under the apprehension of their insufficiency, I do not think the physician should limit himself to their use. It is under such circumstances that bandages applied to the limbs, which are very useful in other kinds of hemorrhage, and ice applied to the chest, have saved the life that was in danger, by stopping the hemorrhage for the moment, and allowing the internal remedies to complete the work." A.

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#### DR. CLEVELAND'S LEXICON.

WE have received a letter from the author of the "Pronouncing Medical Lexicon," in which he says, alluding to our remarks in the Journal for Dec. 20th, concerning the resemblance between his work and that of Dr. Reese,—

"While I admit the correctness of the statement above quoted, I am inclined to suppose that you erred in supposing that those coincidences came from the alleged fact of Dr. Reese, that I had copied his work. I think a slight examination will convince any one, that instead of copying from Dr. Reese, we both copied from Hooper's Medical Dictionary. In proof of this, I need but refer to any page of Dr. Reese's work. \* \* \* \* I send you this note to call your attention to the error I fear your readers will fall into, of supposing that the coincidences that are found between the two books, are the result of my *re-printing* Dr. Reese's work. All writers of Lexicons, I suppose, avail themselves of the labors of their predecessors, and I have not neglected so to do."

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#### NEW MEDICAL JOURNAL.

WE have received the first number of the Cincinnati Medical Observer, edited by George Mendenhall, M.D., Professor of Obstetrics in Miami Medical College ; John A. Murphy, M.D., Professor of Materia Medica in Miami Medical College, and Edward B. Stevens, M.D. The editors say, "our position will be as defenders and promoters of scientific medicine in its broadest, progressive, and orthodox sense. The code of ethics of the American Medical Association shall receive our hearty support." We need



say no more for the principles of the new journal. The appearance of the first number is highly creditable, both as to its mechanical execution and the character of its contents, and forms a welcome contrast to the eclectic and other self-styled "medical" periodicals with which the State of Ohio is deluged. We wish the editors and publisher of the "Medical Observer" all success. The new journal will be issued in monthly parts of forty-eight pages, at two dollars per annum. E. B. Stevens, M.D., is the publisher.

ENTERTAINMENT BY THE MEDICAL FACULTY OF HARVARD UNIVERSITY.

ANOTHER elegant entertainment was given on Saturday evening by the Faculty of the Medical College to the students attending lectures. A large number of physicians of this city and the vicinity were also present. The occasion was a most interesting one, and the guests of the faculty separated after having passed a delightful evening.

AT the Semi-Annual Meeting of the Rhode Island Medical Society, held Dec. 19th, John Homans, M.D., of Boston, and Reuben D. Mussey, M.D., of Cincinnati, were elected Honorary Members of the Society.

*Medical Miscellany.*—The new building of the College of Physicians and Surgeons, New York, will be inaugurated the early part of the present month. The address on the occasion will be delivered by Dr. Delafield.—The Board of Regents of the New York University, at their last meeting, elected Samuel B. Woolworth, LL.D., to fill the place made vacant by the decease of Dr. T. Romeyn Beck.—A contract for the erection of the third Massachusetts State Lunatic Hospital, at Northampton, Mass., has just been completed for the sum of about \$165,000. The edifice is to be 516 feet in length, and will cover an acre and a quarter of ground.—The new State Idiot Asylum, at Syracuse, N. Y., which was lately opened, is in a prosperous condition. It now contains about eighty patients, all of whom are instructed in reading, writing, and cyphering, as far as their constitutional and intellectual strength will admit.

*Communications received.*—Case of Polypus of the Larynx.—Case of Pleurisy, with Phlebitis and Pulmonary Abscess.—Extracts from the Transactions of the Providence Medical Association.—Letter from C. H. Cleveland, M.D., in reference to the "Pronouncing Medical Dictionary."

*Books and Pamphlets received.*—An Investigation into the Facts and Theories of Fermentation and Putrefaction. By Henry Pemberton, Practical and Analytical Chemist. (From the Medical Examiner, May, 1855.)—Constitution and By-Laws of the San Francisco County Medico-Chirurgical Association.—History of Medicine from its Origin to the Nineteenth Century. By P. V. Renouard, M.D. Translated from the French by Cornelius G. Comegys, M.D.

MARRIED—In Dorchester, on the 27th ult., Z. Silsbee Sampson, M.D., to Mrs. Helen M. Crane, daughter of Cornelius Bird, Esq., of Dorchester.—At East New Market, Md., Dec. 17th, James T. Jacobs, M.D., of Salisbury, Md., to Miss Emma V., only daughter of W. V. M. Edmondson, M.D.—At Cambridge, Md., Dec. 24th, W. V. M. Edmondson, M.D., of East New Market, Md., to Miss Eugenia S., daughter of the late Major Anthony Manning.

*Deaths in Boston* for the week ending Saturday noon, Dec. 29th, 73. Males, 37—females, 36. Accident, 1—inflammation of the bowels, 1—bronchitis, 1—disease of the brain, 1—cancer in liver, 1—consumption, 16—convulsions, 1—croup, 4—dysentery, 1—dropsy, 2—dropsy in the head, 2—drowned, 1—debility, 1—infantile disease, 5—erysipelas, 2—typhus fever, 1—disease of the hip, 2—disease of the heart, 1—homicide, 1—intemperance, 1—inflammation of the lungs, 6—measles, 6—old age, 1—pleurisy, 1—scalds, 1—inflammation of the stomach, 1—suicide (by laudanum), 1—premature birth, 1—teething, 4—thrush, 1—tumor in thigh (fungus hsematodes), 1—unknown, 3.

Under 5 years, 29—between 5 and 20 years, 8—between 20 and 40 years, 19—between 40 and 60 years, 8—above 60 years, 9. Born in the United States, 46—Ireland, 21—British Provinces, 1—Italy, 1—England, 3—France, 1—West Indies, 1.

*Cod-Liver Oil and Quinine.*—The following method of combining these two articles is from the pen of Mr. John Horsley, and published in the London Lancet of Nov. 17th, from which we extract it.

"First prepare the quinia by dissolving two drachms of the disulphate in half a pint of water, acidulated with two drachms of dilute sulphuric acid; then precipitate by the addition of one drachm and a half of liquor ammonia; project on a filter, and wash the precipitate with four or five ounces more water. When the precipitate has been well drained, scrape off, and introduce it into an evaporating pan, and set it over a steam bath: the heat will cause the quinia to melt, and separate from the residual water; this should be poured off, and the quinia collected on a filtering-paper to dry, when it may be finely powdered and preserved for use.

"To prepare the oil: Take sixteen grains of the quinia, and dissolve in eight ounces of cod-liver oil by means of a gentle heat; the oil will become slightly colored. This, however, is best obviated by dissolving the quinia in a mixture of one drachm each of ether and alcohol, and mixing the solution with the oil, and then evaporating the spirit by means of a steam-bath.

"If the oil requires filtration, it should be passed through a piece of lint, loosely placed on the neck of a funnel. Every ounce of the oil will contain two grains of the quinia."

*M. Rayer.*—We learn with much satisfaction that M. Rayer, the illustrious physician, has been appointed President of Conseil d'Hygiene Publique, at Paris—an appointment answering in some respects to the Presidency of the Board of Health with us—in the room of the late M. Magendie. Every one acquainted with the rare accomplishments and strength of character of M. Rayer, will perceive, in this choice, the omen of important improvements in sanitary administrations.—*London Lancet.*

*A Terrible Case of Hydrophobia.*—About two weeks since, a laboring man named Cornelius Wurze, a German, employed by a farmer on Clove Road, near Flatbush, had one of his thumbs bitten by a small dog on the place. The wound healed in a few days, and no particular attention was paid to it; but on Thursday last, unmistakable evidences of hydrophobia were seen, and on Saturday the unfortunate man was taken to the King's County Hospital in a state of raving madness, in which state he remained for most of the time until Sunday, when nature becoming completely exhausted he died. When first brought to the Hospital he was secured to a bed by strong straps, but these he broke loose from with the utmost ease, and it required the strength of four able-bodied men to manage him at all. As it was, he succeeded in biting his male nurse in the arm through his coat sleeve, so as to draw blood. Dr. Turner, of the Hospital, has taken the nurse under his charge, and he anticipates no serious consequences from the bite.—*N. York Times.*

*Health of Boston.*—The past year has been one of very general health in our city. We are informed that the number of deaths for 1855 will be about three hundred less than for the years 1853 and 1854. The complete system of drainage in our city, the free use of Cochituate water, and the care and attention of the city officers in regard to nuisances and offences against the public health, have doubtless contributed to make Boston one of the healthiest of American cities. The mortality the present year will be the average of the years when our city had about two-thirds its present population.—*Transcript.*

*The late Dr. Kinsman.*—The Courier remarks, in regard to Dr. Kinsman, who recently died in Paris—

"Dr. Benjamin Willis Kinsman was the eldest living son of Hon. H. W. Kinsman. He received his medical education in Boston; he practised a short time at Toledo, Ohio, and went to Paris about a year since to perfect and accomplish his medical and scientific studies. He was a young man of sterling worth, of fine intellectual abilities, and untiring energy. His early death will fill a cup of sorrow to his relatives, and will convey unceasing regret to a wide circle of friends in Massachusetts. He was 23 years of age, and was a graduate of Brown University."



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## FIBRINOUS BODIES FOUND IN THE HEART AFTER DEATH.—REPORT OF THREE CASES.

BY HENRY CADY, M.D., MONSON, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—This case occurred in February, 1847. The subject was a young man aged 20 years, operative in a woollen mill, not very robust, of rather lax fibre and phlegmatic temperament. He had never been the subject of much disease requiring medical interference until the above date, at which time (Feb. 11, 1847) he was attacked with pleuro-pneumonia, embracing mainly, at the outset, the lower half of the right lung, but in its progress extending to, and involving, the left. The disease was somewhat severe, but yielded to the lancet and other antiphlogistic treatment, so that by the ninth day from the attack, the patient had become comfortable. The respiration was comparatively easy; the matter expectorated was yellowish, free from any blood, and easily thrown off without much coughing. All these favorable indications continued and increased during the two following days. On the twelfth day of the disease I visited the patient at 11 o'clock, A. M. He had rested well the previous night; respiration and expectoration easy, tongue moist and almost clean, skin soft and of natural temperature, pulse 75 per minute, soft and uniform; no pain; begs for something to eat, "wants something better than weak broth and gruel." The medicines at this time employed, as well as on the previous day, were syr. serpentar., senega, and liquorice, and occasionally a Dover's powder and mucilages. My directions were to continue as on the day previous. About a quarter past 11 o'clock I left the house, and before noon the young man was *dead*!

It may be readily inferred that I was utterly confounded when, on my return home in the evening, the fact of his death was told me. The mother of the young man (a widow) made to me the following statement:—"You had been gone but a little while; I was out in the cook-room preparing for dinner, when I heard from the sick room an unusual noise, like choking or calling, or something of the sort; I thought that perhaps he was sick at the sto-

mach. I went immediately into the room and found him stretched upon his back, head tipped backwards, eyes rolled upwards, and he was struggling for breath, but could not breathe at all, seemingly; the arms were stiff (convulsed), I didn't know but he was dying, but thought at first that it *could not be so*. I ran and called Mrs. — (a woman in an adjoining tenement), and when I returned he scarcely stirred or gasped. He was dead!"

*Post-mortem* examination, twenty hours after death. The body, externally, showed nothing worthy of note. The examination was carried no farther than to observe what pertained to the thoracic and abdominal viscera, the latter of which showed no marks of disease. On opening the thorax, the lower half of the membrane lining the ribs, and a like portion reflected over the lower half of both lungs, fully exhibited the "foot-prints" of disease. At two or three points there was slight adhesion, very easily severed. From three to six ounces of effused serum were found in the sac of the pleura—more on the left than on the right side. The vessels of the membrane were considerably congested, and of a dull-red color. These marks were stronger on the left side than on the right, thus corresponding well with the fact, that after the acute stage of the disease had passed by, this point (the left) was the last to yield. The last blister was applied to the left side. The whole appearance, in fine, of both the substance of the lungs and of the investing membrane, was such as might be expected in the first stage of recovery from inflammatory disease—such, for instance, as is apparent in a similar condition of the sclerotic coat of the eye.

The external appearance of the heart was natural; there was a teaspoonful or two of serum in the pericardium. On opening the cavities, no structural lesion was apparent; but in the left ventricle was found a body of rather flattened shape, about three inches long, rather more than three eighths of an inch wide at its central portion, growing narrower towards each extremity, and a little more than an eighth (nearly one fourth) of an inch thick. The color was pale-red, and in solidity and firmness equal to the stem of a mushroom. It resembled in shape a large-sized domestic leech, as this animal appears when leisurely moving in water (the motion, of course, excepted). One end of this body had a very slender attachment—hardly more firm than would be sufficient to sustain its own weight—to about the middle of the left wall of the ventricular cavity; the other end was pushed through into the aorta, and was closely embraced by the semilunar valves.

CASE II.—This was a female child that died at the age of five months and thirteen days. Early in February, 1852, up to which date the child had always been healthy, it had an attack of "lung fever." I saw the child but once during the course of this disease. A good old lady in the neighborhood, partial to homœopathy, and who kept a little wallet of infinitesimals for the good of her neighbors, prescribed for the patient, and her remedies, together with some domestic medicines employed by the mother, constituted the



treatment for about a week from the onset of the disease. The good doctress having herself become ill, was unable to attend farther to her charge, and at this stage of the disease I was called, *once*, and accordingly prescribed and left medicine for the child. I was informed by the mother that it had been "very sick," that the fever had been "very high," the air-passages had been badly "choked with phlegm," that there had been "hard cough with panting, wheezing and rattling in the chest." The child still had general fever at the time I saw it, though of moderate intensity. The mother said it was not "nearly so high as it *had* been." There was a wheezing sound through the air-passages in the lungs, more apparent in the left than in the right bronchi. I prescribed an emetic of ipecac., to be followed, at what I judged to be suitable intervals, by hive-syrup, liquorice water, and a free use of mucilages. I saw the patient no more till nearly three weeks from the time of the above-mentioned visit. At this period, having been again called, the mother stated to me that the fever and disease of the lungs passed off within a few days after my former visit, that the child had *now* recovered, so that it appeared "most of the time as well as ever," but for the last two weeks it had been subject to sudden attacks of "something that made it appear as though it was choked"; that she had repeatedly passed her finger into its mouth, and down its throat, believing there *must* be something there choking it. These "spells," she said, for the first few days did not last more than half a minute, but came on every day, and on some days two or three times. She was alarmed; because the child, while the "spells" lasted, seemed greatly distressed, the hands and feet were thrust upward; face flushed, sometimes of a dark crimson color; there was intense struggling for breath and an appearance as "though the child would choke to death"; still, as soon as the paroxysm had passed by, it resumed its wonted appearance, took its food (from the breast) with good relish and in accustomed quantity; and it appeared as though nothing had been the matter with it."

These spells, according to the information given by the mother, always came on while the child was lying quietly on its back, either in the cradle or on the lap, and never while in a sitting posture, or when lying on either side. For the last five or six days preceding this visit, the mother informed me that the paroxysms had lasted longer than formerly, and that in addition, the child had, at each attack, been convulsed throughout its whole body. The night preceding the morning I was called to the child (this second visit), it had had two "fits," more severe and lasting longer than any preceding. These two were judged to have lasted five minutes or more, each. On the morning of the visit, however, nothing of actual disease could be detected in the case. The child was lively and playful; pulse, skin, tongue, &c., natural; the gums were not swollen or red, but appeared as at the very first indications of approaching teeth. Judging that there might be some derangement

of the first passages, either primary or by reason of some glandular defect, I prescribed a small laxative and alterative dose of rhubarb and hydrarg. cum. creta, and advised the use, for a few days, of assafoetida and fluid ext. valerian. Whether or not any condition which followed was attributable to the means employed, I will not venture to say, but for nearly two weeks subsequently, there was an almost entire absence of the "fits," and the child appeared to be well. Notwithstanding, at the expiration of the two weeks, the "trouble" again returned and soon became more formidable than ever. A "fit" came on at this time, every day, for five or six days in succession, and on two of these days, as nearly as can be recollected, there were two additional fits, each successive one assuming a more grave character than the former. A variety of treatment was employed; the warm bath, anti-spasmodics and alteratives were resorted to, and at the suggestion of counsel, the gums were freely cut, though seemingly a forestalling of treatment. At the end of the foregoing period, an interval of four or five days followed, in which the child was exempt from any convulsions, and appeared quite bright and natural again. Nevertheless, at the close of the last period, a paroxysm more severe than any that had yet arisen, occurred, lasting more than half an hour. The evening following—this last having taken place in the morning—the child was seized with a succession of epileptic convulsions, with very short intervals, and sometimes scarcely any, till the next morning at day-break, when it became still and quiet in death. The *post-mortem* examination took place twelve hours after death. It may be sufficient to state here, that no morbid appearances were detected in the case. Close inspection was made of all the contents of the thorax and abdomen—the brain and spinal cord were *not* examined. The left ventricle of the heart contained a small body about two inches in length; in shape somewhat more cylindrical than the one described in Case I.; in thickness equal to a common-sized goose quill, moderately flattened. In all its essential properties, it bore such a striking resemblance to that of Case I. that it is deemed uncourteous to ask for room in the choice pages of a medical journal for an extended detail. One end of the body stuck to the wall of the ventricle, though with *hardly* any, if *any* stronger tenure, than might be expected from mere attraction; the other was lodged between the semilunar valves, but did not extend through into the aorta.

CASE III.—This was a male child, nearly two years of age (1 year, 8 months and 24 days). The child had been healthy from its birth till the middle of last September (1855). During the latter half of the previous summer it was undergoing the last part of the process of teething, and had for some weeks more or less diarrhœa, but never so profuse as to make it sick, or cause any more than a small degree of emaciation. Nothing but simple domestic remedies were used, or required for this (so common) condition. The teeth were all through, the gums healthy, and diarrhœa had subsided, at the time of its seizure by the disease to be described hereaf-



ter. The middle of last September, this child was attacked with dysentery; attended, for the first few days, with but slight general fever, though it afterwards became augmented, so that for a week following, it was fully of medium intensity. The stools were not very frequent, not repeated oftener than from two to four hours, more or less bloody and mucous during the time of highest general fever; tenesmus moderate. Further description is needless. The case in no respect differed from ordinary cases of dysentery of medium severity. At the end of two weeks from the onset of the disease, the child was convalescent and appeared to be doing well; the appetite had returned, the stools were no more frequent than from two to four in twenty-four hours, marked still with some mucous and watery matter, but uniformly progressing towards a natural state. At this period the child was "getting about" and nearly free from manifestations of suffering. The medicines at this time employed were a syrup prepared from the Lima bark, with the addition of a little brandy every eight hours, with a Dover's powder at bedtime. After a continuation of these favorable indications for four or five days, one night, after midnight, the child, having rested quietly till then, was seized suddenly with a severe convulsion, which, in spite of remedies, warm bath included, lasted more than four hours. Twelve hours afterwards, however, it appeared nearly as well as before the fit. The night following it had a slight paroxysm, lasting about five minutes; and on the night still succeeding, one slighter still, lasting no more than half a minute. There were no more appearances of convulsive action, till nearly the close of the third day from the last-named period, when it was seized, near sunset, with a fit more severe than the first, and continued profoundly convulsed, in spite of every effort made to relieve it, for nearly twelve hours, when death closed the scene.

The *post-mortem* examination was commenced twelve hours after death. The viscera of the abdomen were examined, when, night coming on, the brain and thoracic viscera were left to be examined on the following morning. The mucous lining of the colon, throughout, showed the marks of disease; patches were found scattered along its course, still retaining a faint red hue. Other portions had nearly regained the natural color, but were still wanting a full and healthy firmness; a few small points where ulceration had existed were seen, some of which were not yet quite healed. Other abdominal viscera healthy. Gall-bladder moderately full. On examining the brain, its blood-vessels were found considerably congested. No serum in the ventricles or elsewhere. The medullary substance was judged to be more tender and more easily broken down than it is found to be in some other subjects of equal age. This, however, could hardly be regarded as a morbid softening, unless it began to take on such a condition at the time of the first epileptic fit, for, up to that period, the child never showed signs of the least cerebral disturbance whatever. The viscera of the thorax were all natural and healthy. The cavities of the heart were opened and examined. Structure per-

fect; some small lumps of dark-colored coagula in the left side of the heart. The right ventricle was clear. The right auricle contained a small amount of dark coagulum, and in addition a small body of fleshy color, rather solid, a trifle less than an inch in length and nearly half an inch thick—in shape cylindrical. It was found lying upon the tricuspid valves.

Substances, in appearance like such as have been described in the foregoing cases, are not infrequently found in the cardiac cavities after death, especially when death follows some acute inflammatory disease. Such, too, are seen commingled with dark coagula in the stillicidious form of uterine hemorrhage, which I have known mistaken for portions of an ovum.

The specimens described were quite firm and compact, more so than is generally found true of such as arise under ordinary circumstances; nevertheless, it is not here claimed that these properties exceeded, in degree, the capacity of pure, unmixed fibrin.

It is regretted that more pains for closer investigation were not taken with the specimens in Cases I. and II. The one in Case III. was submitted to microscopic inspection by competent judges, and pronounced to be fibrin. It is regretted, also, that the attachment in Cases I. and II., especially the former, were not more critically examined, so as to ascertain whether or not any bloodvessels passed from the membrane of the cavity into the fibrinous substance, or whether, in fact, it was fastened by anything more than pretty firm adhesion. According to existing evidence, the conclusion may be, that all the bodies described were solid fibrin. Two important questions now arise. Were they of *post* or *ante-mortem* formation? Were they the immediate cause of death in all, or either, of the three cases? My opinion is that the substances were in the heart prior to, and were the cause of, death in *all* of the three cases.

So far as I am informed, nothing has been shown to prove that the fibrin of the blood may not separate, in *some* quantity, from the circulating mass during life; and if it do thus separate in any of the cavities of the heart during the acute stage of an inflammatory disease, may it not remain floating there for a length of time, without perceptibly disturbing the circulation? It can hardly be conceived how any mischief can arise, as a consequence, unless such bodies are accidentally thrown into such position as to interfere with the action of the valves. In the foregoing cases, unless the bodies in the heart caused death, the *true* cause remains a problem yet unsolved. That epilepsy in children sometimes becomes fatal, where *post-mortem* appearances hardly show traces of disease sufficient to establish an opinion, beyond doubt, as to the true cause, is probably true, notwithstanding the humiliating nature of the admission. But when dissection discovers such appearances as are described in Cases II. and III., what shall we say? Shall we say that somehow, by some cause inexplicable to us, death came?

A year almost never passes without presenting cases of epilepsy in children, either at the onset or during the acute stage of dysen-



tery ; but coming on in the advanced stage of convalescence from disease, and yet depending on the morbid condition alone, is what during my professional life, which is now advanced many degrees beyond its meridian, I have *never* seen.

Dec. 20th, 1855.

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#### CASE OF SCROFULOUS DISEASE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I transmit the following statement of a case which came under my charge a few weeks since (it being quite novel to me, and may be so to some of the readers of the Journal), for the reason that it showed a remarkable extent and variety of development of this formidable disease, in so young a child, and also because life was so prolonged while inhabiting such a diseased and corrupted “tenement of clay.”

The history of the child as given me by the parents, is as follows : Some weeks after birth it was attacked by a cough, but, as no other urgent symptom was attending to demand *rational* treatment to preserve life, he was treated by their family physician for “a cold”—a malady which has a great account to render at the last summing up, if guilty of half that is ascribed to it in these parts. In a few weeks the cough subsided, and the child was apparently well, though not strong. The parents remarked to me that it was “a very bright, sweet child,” which was symptomatic of that precociousness attending this fatal disease.

The physical development was pretty good up to the age of two years, though not keeping pace with the mental. It continued tolerably healthy, nothing appearing to indicate disease excepting that once or twice there were swellings in the neck, but these disappeared in a few days.

I should have mentioned that the boy was 2 years and 9 months old when I first saw him, and he was under my care three months before he died.

When two years of age, the right side of the scrotum was observed to be swollen, and the “family physician” was again consulted. He diagnosed a hydrocele, and ordered a wash of *acetat, plumbi*, although the swelling was, in the commencement, uniform, hard, and attended with some pain. It was treated on the “lead principle” for nearly six months, when, as the physician thought, it had attained sufficient size to warrant evacuation ; so he proceeded to perform the operation of “*dry tapping*.” After this, the child had no treatment for three months, the parents assigning as a reason that “the family physician had not been there since.”

When called to see the child, I found it presenting the general scrofulous diathesis, having a slight cough, capricious appetite, torpid bowels, enlarged abdomen. It was considerably emaciated and exceedingly peevish. The tongue and pulse were pretty good, and

there was no pain except during the erect position. The scrotal enlargement was now seven inches in length and ten and three quarters in circumference, nearly uniform, though smallest at its inferior portion. The enlargement was so great, that at first sight there appeared to be no penis. At the anterior superior portion there was something very much resembling the navel, though less in size, which was found to be the prepuce, with no apparent passage through which the urine was voided. Upon examination of the tumor, I found the left testicle of its normal size, at the superior part, but the right one was not to be found; or, in other words, the tumor was *all* testicle. There was a glandular enlargement in the right groin, of the size of a hen's egg, bluish in color, and a small one in the left.

*Diagnosis*—Scrofula. *Prognosis*—very doubtful.

*Treatment*,—first, Lugol's solution, which was tolerated but for a few days. After this, I gave iod. pot., syr. sarsap. and iod. pot., and syr. iod. ferri, each in turn, but all were rejected after a short trial. Some local applications of iodine were used, but all to no avail.

The testicle remained about the same size, changing in appearance only at its inferior portion, where it became purple, and ulcerated slightly. The tumors in the groin enlarged rapidly—the right to the size of a pint cup, and the left to two thirds the size of the right. The skin presented that peculiar purplish or livid hue, showing the languor of its capillary circulation, and its proneness to be destroyed by gangrenous erosion. Four weeks before death, the skin over the right tumor ulcerated and considerable hemorrhage ensued. The left soon followed the same course. The right opened in two places, forming ulcers of one and a half inch in diameter, from which there appeared a growth much resembling fungus hæmotodes or encephaloid cancer. They discharged a bloody ichorous fluid. Before death, their surface seemed to have passed on to mortification. The abdomen increased in size rapidly, and the superficial veins were blue and large, like varicose vessels. Swellings appeared in the neck. The general symptoms remained about as they were when I first saw him. There was gradual emaciation, with some more pain.

*Autopsy*, twelve hours after death. Head not examined. Louis states that he never found but one case of scrofulous disease without finding tubercles in the lungs.\* I could find none in the lungs, though there were extensive adhesions of the right lung; therefore I think this is another. Some effusion in the pericardium; tubercles in the liver, from the size of a nutmeg to that of a pea, somewhat softened and of curdy consistence. The mesentery contained a tumor of five or six pounds in weight, firmly adherent on its posterior surface, and to which the intestines were so firmly attached as

\* This statement is not correct. Out of 358 subjects *above the age of fifteen*, in whom tubercles existed in various organs of the body, they were found in the lungs in every instance but one.—*Recherches sur la Phthisie*, 2nd edition, page 182.—EDITORS.



to prevent all motion. The mesenteric covering of the tumor was quite thick, and nearly natural in color. Upon opening it there was no organized structure found. It was composed of a semi-transparent substance, of about the consistence of jelly, with some traces of pus. The lacteals and absorbents were generally diseased. The disease in the testicle had so far advanced that there was scarcely organized structure enough to be recognized. It was light in color, soft, and composed partly of thin, light-colored pus, and partly of slightly softened tuberculous matter. There was in the inferior part, and also in a portion of the mesenteric tumor, a quantity of fluid resembling thin molasses. The tumor in the neck was of the ordinary kind of hard, scrofulous enlargement. Those parts of the glandular system not already passed, seemed to be rapidly passing on to malignant degeneration.

By this time perhaps you will be disposed to say I am troubled with *cacoethes scribendi*; but I wish to accomplish two things—to give a statement of the case, and to show that the time is very often suffered to pass by when suitable remedies *might* have arrested the disease.

H. P. STRONG, M.D.

*Beloit, Wis., Nov., 1855.*

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#### CASE OF A FOREIGN BODY IN THE AIR-PASSAGES.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following case occurred about three weeks ago in my ride.

The patient, a girl about seven years old, inhaled a piece of hickory nut-shell, of very irregular and angular form. At the time, the accident occasioned but moderate annoyance. After a pretty severe paroxysm of coughing, she resumed her play, and remained well for a period of three days. On the fourth day, in the morning, she had a very severe paroxysm of coughing, during which suffocation was pending. At this the parents became alarmed, and I was sent for. I did not arrive until after this violent coughing had ceased, though the breathing was still quite embarrassed. These violent paroxysms did not return again until the final one, when the foreign body was expelled. From the time of my first visit, the whole case appeared very much like a sudden and severe development of bronchial inflammation. It was treated according to the usual mode in such cases (I should say vigorously), and there was a favorable abatement of all the symptoms; the patient, after the first week, would have been regarded as convalescent, were it not for the fact that there was a foreign body in the lungs.

After the decline of the inflammatory condition, the case seemed to be progressing so favorably that the idea of a foreign body yet existing in the lungs, was about discarded. But the reality of its presence was soon revealed by the appearance of swelling, with

crepitation, about the head, face, neck, breasts and shoulders, which denoted too clearly that penetration had taken place into the cellular tissue. This phenomenon increased, and then declined in about ten days. On its complete disappearance the girl had another paroxysm of suffocating cough, and at its termination she faintly uttered, "here it is, that nasty nut-shell!" From that moment she rapidly returned to good health.

The shell measured one inch and a half in length by one-eighth of an inch in breadth, and had very irregular edges.

The favorable result of this case suggests the inquiry whether the dangerous operation of tracheotomy be not often too hastily proceeded to? Since neither auscultation nor percussion could indicate the precise locality of the foreign body, what portion of the lungs did it occupy? And how are we to explain the freedom of the child from any urgent or alarming symptom, during the interval from the inhalation of the shell to the third day, when she was so violently attacked?

Very respectfully yours,

North Blenheim, N. Y., Dec. 8, 1855.

J. A. CROUNSE.

#### DISTINCTIVE SIGNS OF CEREBRAL HEMORRHAGE AND SOFTENING.

(Translated for the Boston Medical and Surgical Journal, from the *Gazette des Hopitaux* of April 21st, 1855.)

A woman was carried to Hotel Dieu in a complete state of hemiplegia; the arm, especially, was perfectly motionless; but the intelligence and sensation were intact. These symptoms were developed in the following manner: the woman having experienced no premonitory signs, without being in the least indisposed, went to bed as usual, one night, feeling perfectly well, though menstruating at the time. On awaking the following morning she felt a numbness in the arm. She rose, had herself bled, and during the operation became completely paralyzed throughout one side. The paralytic symptoms, however, gradually diminished, when, about three weeks afterwards, on the return of her catamenia, she was again suddenly struck with complete paralysis of the same side. In this condition she was carried to the hospital, and placed in the service of M. Trousseau.

Considering the remarkable circumstance that on two occasions the paralytic symptoms manifested themselves at the time of the menstrual molimen, and that they occurred each time in a rapid and almost instantaneous manner, and without having been preceded by any precursory sign, the first idea which naturally occurred to the mind was that of cerebral hemorrhage. Notwithstanding these symptoms, however, M. Trousseau declined giving a decisive opinion, being doubtful as to the existence of cerebral hemorrhage, or *ramollissement*; at the same time inclining rather towards the latter diagnosis than the former; the reason for which we shall presently see.

The patient having died, the autopsy showed the latter opinion to



be correct. Softening of the brain was found, besides traces of recent meningeal inflammation, which had given rise to convulsions during the last few days of the patient's existence.

The following remarks by M. Trousseau, suggested by this case, are too valuable to be lost.

According to the received opinions in our science on the diseases of the brain, softening and hemorrhage should have their appropriate symptomatic characteristics, which do not allow them to be confounded. We are taught (and most physicians adopt the distinction), that when an individual, after an attack of giddiness, or loss of consciousness, is suddenly struck with paralysis of one half of the body, without other precursory symptoms, there is cerebral hemorrhage. On the other hand, if the paralysis is gradual, if it has been preceded by convulsive movements, or slight muscular contractions, we have to contend with a case of softening. Such are, at least, the most important general characteristics assigned to these two conditions.

According to M. Trousseau, this distinction is inexact. An individual may have hemorrhage, even though the paralysis was preceded by precursory symptoms; another, on the contrary, may be affected with softening, in whom the paralysis occurs suddenly. True, the facts are most commonly as they are described by authors; this is the rule; but there are numerous exceptions. But by what signs can we recognise the exceptions? They are the following, and it is to Recamier that we are indebted for the formula:

In hemorrhage of the brain, there is *consonance* in the symptoms; in softening, there is *dissonance*.

To explain this idea; the brain has three sorts of functional manifestations: the intellectual manifestations, motion and sensation. When an individual is suddenly attacked with what is called a stroke of apoplexy, and intelligence, motion and sensation are all completely affected, there is consonance in the symptoms;—in this case we may be certain that there is cerebral hemorrhage. When, on the contrary, there is dissonance, that is to say, when together with a more or less complete abolition of motion there is integrity of the intelligence and of sensation, we have to do with *ramollissement*.

Whenever, therefore, adds M. Trousseau, you see a person affected with complete paralysis of movement, and who relates to you with clearness and precision, in a word with perfect intelligence, how he feels, and what has happened to him; if, moreover, you examine the state of the sensation in this person and find it intact, you may confidently pronounce that he has no cerebral hemorrhage, but that the case is one of softening.

Yet how did it happen, that in the patient who was the subject of this lecture, and whose history we have briefly related, M. Trousseau hesitated to admit the existence of softening, notwithstanding the dissonance which is in his opinion, to some extent, its pathognomonic characteristic, and which was so evident in this case? This hesitation M. Trousseau himself explains, by saying that notwith-

standing his confidence in the law of Recamier, he had been led to doubt, in this instance, by the remarkable fact that the two successive attacks of paralysis which occurred in the woman coincided with the catamenial *hemorrhagic molimen*. But this fact is only an additional motive, in his eyes, for not hesitating in future to diagnose softening, whenever he discovers dissonance in the paralytic symptoms.

Recamier's law has not always been so constant as M. Trousseau seems to think, nor has it the same significance nor the same value in the eyes of all pathologists. It is a fact which needs verification by observations, and which will be of great value, if its truth be ever demonstrated.

### Bibliographical Notices.

*Practical Remarks on the Treatment of Spermatorrhœa and some Forms of Impotence.* Reprinted and enlarged from the original papers in the "*Lancet*." By JOHN L. MILTON, M.R.C.S. London. Third edition. London: Samuel Highley, 32 Fleet street. 1855. Pp. 30.

THIS pamphlet contains a condensed but apparently very thorough and sensible account of some of the causes and chiefly of the treatment of spermatorrhœa and impotence. The subjects are appropriately considered together, the latter being often dependent on the former. Mr. Milton is well known as a sound and practical writer, and the close examination he has made of the maladies in question, together with his extended experience, entitles his opinions to our best consideration. It were indeed "a consummation devoutly to be wished," could his efforts at the description and medication of these affections rescue any of the deluded persons who fall so easily into the hands of "the spermatorrhœa quacks" from their miserable traps. It is notorious to how great an extent those who are affected with trouble in the genito-urinary organs, expose themselves to the ignorance and venality of medical impostors. Quite lately an individual applied to us for advice, saying that he was tired of swallowing the "medicine" of one of these villainous adventurers, and that he did not see that his disease (which he was assured was virulently venereal by his self-styled medical attendant) was any better after many weeks and a payment of from thirty to forty dollars. Inspection of the "*venereal*" disease showed it to be *herpes præputialis*! The simplest treatment was found entirely sufficient. To what an extent this ignorance and deception prevail, we can hardly imagine—but, often, its results must be awfully disastrous. Perhaps in no class of cases are these professional pirates more encouraged by sufferers than in the two affections of which our author treats. As his views have already appeared in the "*Lancet*" we refrain from any extended citation of them at this time. He has added somewhat to the previously published papers, and we believe that the profession will concur in what he offers for their consideration. Hygienic conditions, mental as well as physical, have, especially of late, been insisted on as essential elements for commencing a cure. Cauterization requires a careful election of cases to warrant its adoption, according to our author, and we agree with his conclusions. He recommends quinine in certain cases of impotence as of great efficacy, and opiates have in many instances been of decided service.



As Mr. Milton well remarks, there are nearly always so many functional complications interwoven with a case of spermatorrhœa that many remedial demands are made—and we can hardly answer them all at once. To restore disordered function after the removal of any causes of local irritation, from manustupration downwards, is the foundation of all rational treatment. Where prolonged continence is causative, the question and the cases are different. Every patient's best course is to put himself at once under the care of a competent, conscientious physician, and not commit the arrant folly of listening to anybody's and everybody's advice, and of swallowing gallons of useless and unknown liquids, or cartloads of pills as inefficient as the brains of their makers.

That imagination and constant apprehension often have a powerful effect in prolonging involuntary seminal discharges, is undoubted; to administer to the "mind diseased" is then a task of no little difficulty. In the midst of such circumstances, physical and mental, we are grateful to any one who gives us a judicious and reliable compend of advice and any valuable hints upon treatment.

Mr. Milton, while he does not deny that seminal discharges may "occur after stool," seems to think that the actual amount of semen lost is but little, and indeed that it is rare that this discharge is anything more than mucus or a "vesicular gleet." (p. 8.) Speaking of certain of the complications of spermatorrhœa he "demurs" to M. Lallemand's practice of excising the prepuce in every case where sebaceous matter has accumulated behind it and "coincides with spermatorrhœa." Stricture is set down by our author as "a more common result of spermatorrhœa than is imagined." Camphor is recommended as of great efficacy in many instances of seminal loss; in some, even, of marked severity; "in many cases," says Mr. Milton, "it snaps the chain of morbid habit, it interrupts the regular recurrence of the emissions, and thus enables the organs to gain time by this respite." This suspension of the habit, by whatever means, is a thing most desirable to attain, of course. Any efficacy supposed to attach to the mechanical contrivances lately so much in vogue must be ascribed to an arrestive action upon the habit, coupled with the idea which the patient generally entertains that the apparatus is final in its control and that he is safe when he is wearing it; for, in a vast majority of cases, morbid mental action keeps up the trouble in these patients, and therefore whatever tends to divert, soothe and regulate the mind is a most powerful adjuvant in treatment. On the other hand, especially among the well-informed respecting the nature of the disorder and the construction of the organs, the spermatorrhœa ring, or whatever else calls attention too constantly to the parts, will only excite what it is intended to prevent; and we know of ejaculation being produced merely by the excitation, or perhaps only by the consciousness of the ring being on, and why it was put on; and this has happened even in those who were only experimenting as to its effect in restraining erections such as are natural to every healthy man at an early hour every morning; often, as is well known, from the irritation of the accumulated urine.

We have recommended the voiding of the bladder on waking (even if two or three times in the night) to patients suffering from involuntary seminal loss, and with the most happy effect. In Mr. Milton's paper no allusion is made to this as preventive, nor is the aid of mechanical means mentioned. The latter we believe to be of very limited service, and only in the way we have above stated.

Fresh air, healthful physical and mental influences, early rising, vigor-

ous exercise, cold bathing and the avoidance of the excitants of prurient passion are among the strongest recommendations of our author; the food should be simple but nutritious. In nearly all cases which have come under our own notice, the quiet relations of happy married life remedy every difficulty, except the person has been for a long time addicted to self-abuse. These papers are well worthy of attentive perusal.

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*Clinical Lectures on Surgery*, by M. NÉLATON. *From Notes taken by W. F.*

ATLEE, M.D. Philadelphia. J. B. Lippincott & Co. 1855. Pp. 755, 8vo.

M. Nélaton, the distinguished surgeon of the *Hopital de la Clinique*, in Paris, is already favorably known by his work on *Eléments de Pathologie Chirurgicale*, three large volumes of which are published, and which is not yet finished. It is hardly necessary to say that a record of the clinical teachings of so eminent a man cannot fail to be of great interest and value. The present volume includes a notice of almost every subject embraced under the head of surgery, and some of the topics are treated in an elaborate manner. Of course, in a work of this nature, there is no attempt at the completeness and methodical arrangement which we are accustomed to demand in an elaborate treatise, but this defect is to some extent supplied by a copious index. We have been, on the whole, pleased with the book, and recommend it as containing much that is both original and valuable. In saying this, we presume that its publication was sanctioned by M. Nélaton; no one, we should think, would undertake to render an eminent teacher responsible for views and opinions printed in a book, without permission to do so. This authority, however, is not claimed by the writer, and the work is thereby deprived of an appearance of genuineness, which is always desirable in books of this class.

We shall briefly refer to a few of the many subjects treated in the book which seem to us to possess novelty or interest, referring our readers to the work itself for much more that will amply repay perusal.

A method of curing *union of two fingers*, caused by the cicatrix of a burn, was adopted with complete success by M. Nélaton. The fingers having been separated by an incision, a strip of caoutchouc was passed between them, the extremities being fastened before and behind to a bracelet on the wrist, and by its pressure, the union was prevented from extending from the commissure. A month after the separation of the fingers there was no sign of their again becoming united.

In the treatment of *anthrax*, M. Nélaton is averse to the practice of making incisions, the effect of which, he positively maintains, is to delay the cure. He employs antiphlogistics, narcotics and mild purgatives. The local treatment is not stated. When, however, anthrax becomes "the cause of a diffused phlegmon," incisions must be made. We believe that few will agree with the surgeon of La Clinique. The relief to the pain is so immediate after a free incision, that no one who has experienced it would be willing to forego it a second time. M. Nélaton believes that the application of concentrated alcohol will sometimes put a stop to furuncle. It is stated that "these affections consist in the inflammation of one, in furuncle, and of several, in anthrax, of the prolongations which the subcutaneous cellular tissue sends into the fibrous areolæ of the derm, to accompany the vessels and nerves which go from the deep-seated to the superficial surface of the derm. They both terminate by the formation and elimination of a *core* formed by the inflamed cellular tissue, which is mortified."

M. Nélaton's "opinion is, that, at the present time, there is but one



method of treating *varix*, the palliative. The best, is the application of an elastic stocking." We believe this is true in all the manifestations of the disease, with the exception of hemorrhoids in certain cases.

A piece of advice concerning the mode of examining patients with fracture, is worthy of all commendation. "In exploring a part by the touch, do it so that the patient does not suffer; when a patient suffers, you ascertain nothing by palpation." "When the surgeon examines a patient, he should not make him suffer." We hope that this recommendation, coming from so high an authority, will be generally adopted. There are not a few surgeons who seem to take pleasure in tormenting their patients by useless manipulations.

At page 218 is an account of an interesting case of amputation of the foot, leaving the astragalus *in situ*, for necrosis of the os calcis. The limb lost but four-fifths of an inch in length, and the stump was perfect, although cicatrization was not completed before the expiration of three months. The patient could walk very well about the hospital. Another case with a like result is also given.

A case of *hydrarthrosis of the knee* was treated by injection of a solution of iodine. After the third injection, symptoms of violent inflammation of the joint set in, followed by suppuration. An injection of tincture of iodine, almost pure, was thrown in daily, and several incisions were made. The symptoms subsided, and the patient was apparently recovering, when a vast abscess made its appearance in the calf of the leg. The limb was amputated, but the patient died on the third day, of purulent infection. The same treatment was adopted in a case of Pott's disease. It was here also followed by alarming symptoms, which were ascribed to the *intoxication* produced by the iodine. On the subsidence of the symptoms, the injection was repeated. The patient, a lad of 15, was cured. This practice appears to have been very successful in M. Nélaton's hands in the treatment of *ranula*; but it is essential, according to him, that the sac should first be thoroughly washed out by injections of water, after its contents are evacuated, in order that the iodine may come in contact with its walls.

In the treatment of *fissures of the anus*, M. Nélaton employs the method of M. Recamier. The patient being rendered insensible by chloroform, the surgeon introduces his two thumbs into the rectum, and forcibly separates them, until they come in contact with the tuberosities of the ischia. The sphincter is thus torn through. The advantages of the method are said to be that no vessels are wounded, and consequently there is no danger of purulent infection; nor is there any dressing to make.

M. Nélaton is an advocate for the employment of expectant treatment, in cases of *vesico-vaginal fistula*, for a long time before resorting to an operation. Occasionally the edges of the wound are touched with caustic, or the hot platinum wire. He has seen cases of extensive fistula, which thus cured themselves. In *rupture of the perineum*, he believes that it is best to do nothing until about the sixth or eighth day, when the uterine discharges cease, and granulations are established. Then a few simple sutures are sufficient.

Under the head of *fungosities of the uterus*, M. Nélaton describes an affection, the principal symptom of which is repeated and prolonged uterine hemorrhage. On examination by speculum, the cervix and os uteri appear perfectly healthy. If, however, a curette is introduced into the cavity of the uterus, a soft membrane may be removed. A few days after the interior of the uterus has been thus scraped, it is freely cauterized with nitrate

of silver. No bad symptoms follow this treatment, and the woman is cured. The disease, however, has a tendency to return at the end of five or six months. It is said never to occur except in women who have been pregnant; and it is usually seen in patients under thirty-five years of age. It was first described by M. Recamier. The existence of these *fungosities* is denied, and the operation for their removal rejected, by many practitioners (naturally enough), but the writer says, "as to the action of the curette, one thing is certain, observation shows that the patients get well after its use."

We regret that we cannot speak favorably of the style of the book. It abounds in awkward expressions, and gallicisms. Often a French word is used for which there is an equivalent in English. Such phrases and words as the following are of such frequent occurrence as really to interfere with the comfort of reading:—"there are different other methods," "cold abscesses," "charbounous affections," "derm," "type case" (for typical), "it was a cancer type," "the femur was a type of a commencing acute inflammation of bony tissue," "ganglion" (for gland), as "the canceroid affection can reproduce itself in the nearest ganglion," "no one of the ganglions were removed—they were all healthy," "the *frères* Breton," "valvule," "medicaments," "purse" (for scrotum). The word *commence* is every where employed instead of *begin*; this becomes exceedingly tiresome, and in some sentences is very awkward: as, he "commenced soon to enjoy free motion of his jaws," "commenced to extirpate," "she commenced to suffer," &c.

From the above remarks it will be seen, that although as a literary performance the work is open to grave objections, its practical character, and the high reputation of M. Nélaton, render it a desirable addition to the surgical library.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 10, 1856.

### IMPROVEMENT IN THE HEALTH OF BOSTON.

A PARAGRAPH from the Transcript, which we copied on our last page, of No. 23 (Jan. 3), conveys the gratifying intelligence that the health of our city has been unusually good for the past year. The number of deaths will be about three hundred less than for the two preceding years, and will equal the average mortality of the period when Boston contained only two-thirds of its present population. The excellence of our drainage, the free use of water, and the care and attention of the city officers in removing nuisances and offences against the public health, are correctly stated as doubtless contributing to this favorable state of things. To sanitary reform we are mainly to look for any great improvement in the public health.

While we congratulate ourselves upon the advance we have already made, let us remember not only that our present condition must be maintained by constant vigilance on the part of the city authorities, but that much still remains to be done, and will always remain, before we can attain perfection in our sanitary condition. In the language of Mr Simon, the "Medical Officer of Health," in his last report on the sanitary condition of London, "it is inseparable from science that it must advance. The knowledges which are ministerial to medicine have, in the last few years,



grown more than in as many preceding generations; and the fruitage of that stately tree begins to give evidence of its widelier-spreading roots. If amongst these results there may be counted many an improvement in the curative treatment of disease, surely at least equal progress may be predicted for those other and still higher functions of our art which relate to the maintenance of health by the beneficent agency of preventive medicine."

We cannot forbear to add the comments of the editor of the *Lancet* upon the above quotation —

"We have often adverted with regret, in these pages, to the fact, that so imperfectly impressed was the public mind with the power of medicine, that only its restorative aspect was recognised. We have accordingly seen that the aid of medicine has been invoked in times of pestilence just in the same way as the physician is sent for to treat a man who has been suddenly struck down by apoplexy. Medicine has hitherto been called in with the hope of subduing or mitigating epidemic scourges already raging with all the wild fury of a conflagration that has broken out in a building stored with combustible materials. The anticipative appliances of medicine, which diminish and destroy the elements out of which epidemics spring, and upon which they subsist, have, until recently, been altogether neglected."

We have already called attention to a few out of the many wants of our city, which are loudly demanded by every friend of sanitary reform; among others, the establishment of public baths, urinals and privies. Public laundries are also much needed, and several attempts have been made by individuals to establish cheap washing-places for the poor, but hitherto without success. With the abundance of water we possess, we hope the City Government may ere long be able to hit upon some plan for enabling the poor to wash without expense to themselves, and at a moderate cost to the city. Model lodging houses have been erected in Boston within the past few years, by gentlemen having in view the improvement of the poor, both morally and physically, and we believe their success, both in that respect, and also as a pecuniary investment, has been in every way gratifying. A general improvement is visible in the structure of houses built for the poor within the past year, and this is partly the consequence of the general amelioration of the condition of that class, and will, in its turn, act as a cause of further progress in sanitary reform.

While we take pride in our city's advancement, in this important respect, we feel that we may with sincerity claim for our profession the honor of having originated sanitary reforms; and with no less sincerity may we assert, that it is mainly by the demonstrations of medical science, the warnings and exhortations of medical men, and their persevering efforts in arousing the public mind to a sense of their importance, that such reforms have been maintained.

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#### MEDICINE IN CALIFORNIA.

THE prospects of the profession must be excellent in the land of gold, if we may judge from the organization of the San Francisco County Medico-Chirurgical Association, a copy of the Constitution and By-Laws of which have been forwarded to us. The Association, which was founded in August last, has for its object the advancement of medical science, the promotion of harmony and friendly intercourse among the profession in the State of California, and the assistance of those brothers and their families, who have become compelled by misfortune to seek for pecuniary aid. Its members consist of graduates of some regularly incorporated medical institution,

or those who shall otherwise give satisfactory evidence of their competency to the practice of the profession of medicine. One of the articles of the By-Laws provides, that "this association shall be governed by the Code of Medical Ethics recommended by the National Medical Association, held in Philadelphia in May, 1847. The same having been approved and adopted, shall have the full force and effect of an article of the Constitution." We are confident that an institution so wisely founded will greatly promote the cause of medical improvement, and prove an honor to the State of California. The President of the Association is Dr. Lorenzo Hubbard; the Corresponding Secretary, Dr. Elias S. Cooper.

#### DEATH FROM INHALATION OF CHLOROFORM IN EDINBURGH.

As Edinburgh has so long enjoyed an almost complete immunity from accidents resulting from the use of chloroform, the following case, which is reported in the *Edinburgh Medical Journal*, is worthy of attention. A lady, aged 36 years, called on Dr. W. A. Roberts, in order to have some teeth extracted. As she had inhaled chloroform once, during an accouchement, and as Dr. R. had also administered it to her on *four* previous occasions during the past year, he consented to employ it. She had only taken about nine or ten inspirations, when, in less than a minute from the time she began to inhale, *and while speaking*, she gave a convulsive start, and with a stertorous inspiration, and the eyes and mouth wide open, sunk to the floor. Dr. Simpson, being near at hand, was sent for, and arrived in less than five minutes, with Dr. Priestley. The means employed for relief were artificial respiration, galvanism, and bleeding, though only a few ounces of blood could be obtained. After artificial respiration had been carried on for some time, spontaneous inspirations took place, the pulse became distinct, and the lividity of the face in a great measure disappeared. But these favorable indications ultimately declined, and after one hour and a quarter of the most energetic exertions (especially on the part of Dr. Simpson), the case was reluctantly abandoned as hopeless, life being manifestly extinct.

At the *post-mortem* examination the chief morbid appearances were found in the heart. This organ was very small, the right side flaccid and full of blood, the left firm and contracted. The walls of the right side were unusually thin, and their tissue was soft and lacerable. Under the microscope, the muscular fibres of the right ventricle were much altered in appearance; the transverse striæ were indistinct, or had entirely disappeared in some portions, while fatty granules were everywhere observable, arranged in lines along the direction of the fibres.

The father of the patient had died of disease of the heart, being found dead in his chair.

#### INSTITUTION FOR THE TREATMENT OF CHRONIC DISEASES.

WE have received a circular from Clarkson T. Collins, M.D., of Great Barrington, Mass., descriptive of the above establishment, and from all that we can learn respecting it we believe that it is well managed, upon established principles, and will be a pleasant retreat for invalids to whom pure air, kind and careful supervision and a removal from noise and care are all that is needed to induce recovery, or, at least, to render life comfortable and afford the best chance of relief. The "institution" is situated delightfully; the invigorating air of Berkshire is too well known to need *puffing*, and access to the establishment is comparatively easy.

Dr. Collins is highly recommended, having published certificates from



Drs. Mott, Francis, Willard Parker, Griscom, Horace Green, &c., and we presume that he will never lack patients; a larger number will never be received, however, than can be personally and properly attended by the proprietor.

*Œdema in Intermittent Fever.*—Dr. S. Rogers, of New York, writes to us that the article furnished by him, and published in our number for Nov. 29, should not have been entitled "Treatment of Intermittent Fever," as it was not communicated to illustrate the treatment of that fever in ordinary cases, but in such cases only as are complicated by œdema.

*Medical Miscellany.*—Charles A. Phelps, M.D., of Boston, has been elected Speaker of the House of Representatives of this State.—The Secretary of War recommends an increase of the Medical Corps.—Dr. D. M. Reese, editor of the American Medical Gazette, New York, says in his January number,—“Dr. Mattson, of Boston, has contrived something new in his elastic syringe, which seems admirably adapted for rectal and vaginal injections. We have seen nothing in this line so neat and convenient, or so useful for personal application.”—The Philadelphia Medical Examiner says, “We have heard, with sincere regret, of the recent death of Dr. J. F. Peebles, of Petersburg, one of the editors of the Virginia Medical and Surgical Journal.”—The Nashville Medical College is said to number 325 pupils this session.—Two ladies in St. Louis are reported to have recently died from the effects of arsenic taken in small doses with a view to impart brilliancy to the complexion.—The Virginia Medical and Surgical Journal, and the Stethoscope, have been united, and will appear under the title of the Virginia Medical Journal.—The College of Physicians and Surgeons, in New York, have completed their new and spacious edifice, corner of 23d Street and 4th Avenue, and will take possession of it at once, to finish the present course of lectures.—M. Renault, director of the Veterinary School of Alfort, France, has given a banquet to a number of eminent medical gentlemen of Paris, at which the chief dishes were made from horse flesh, which was pronounced excellent.—A Hospital for sick children has just been opened in Philadelphia. It will accommodate 14 patients, those only between the ages of 2 and 8 years being admitted.—We understand that Dr. Reese of New York, author of the “Medical Lexicon of Modern Terminology,” has obtained an injunction against Dr. C. H. Cleaveland as author, and Longly & Brother as publishers, of the “Pronouncing Medical Lexicon,” lately issued in Cincinnati, for infringement of his copy-right, and that a suit for damages has also been commenced by him.

*Books and Pamphlets received.*—Spirit Communion: a Record of Communications from the Spirit-Spheres, &c. By J. B. Ferguson. (From Bela Marsh.)—Registration of Births, Deaths and Marriages in Massachusetts, for the year ending Dec. 21, 1854. By Ephraim M. Wright, Secretary of the Commonwealth. (From N. B. Shurtleff, M.D.)

**MARRIED.**—At Chelsea, 6th inst., Dr. John B. Richards to Miss Ellen E. Washburn, both of Boston.

*Deaths in Boston* for the week ending Saturday noon, Jan 5th, 86. Males, 45—females, 41. Accident, 1—apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 1—cancer in womb, 1—consumption, 18—convulsions, 3—dropsy, 2—dropsy in the head, 7—infantile disease, 7—puerperal, 2—erysipelas, 1—typhoid fever, 4—disease of the heart, 1—inflammation of the lungs, 10—disease of the liver, 2—marasmus, 3—measles, 5—old age, 3—palsy, 1—pleurisy, 1—smallpox, 1—teething, 4—unknown, 4—whooping cough, 2.

Under 5 years, 42—between 5 and 20 years, 7—between 20 and 40 years, 21—between 40 and 60 years, 11—above 60 years, 5. Born in the United States, 68—Ireland, 17—Russia, 1.

*The Seton before the Academy of Medicine of Paris.*—A very hot discussion has just been closed before the Academy of Medicine of Paris, on the use of the seton, and a great many instructive facts, both in ancient and modern medicine, connected with that powerful derivative, were brought to light, both by M. Bouvier, the author of the paper and advocate of the practice, and M. Malgaigne, the caustic and epigrammatic decrifier of the seton. There can be hardly any doubt but that the latter eminent surgeon went too far with his condemnation, and the timely use of the seton, especially in chronic ophthalmic cases, will continue in favor with the great majority of practitioners. M. Bouvier employs little cords of No. 1 bougies, and covered with a water-proof composition, instead of the skein or tape.—*London Lancet*.

*Bromide of Potassium in Spermatorrhœa.*—One of the Editors of this Journal has recently been using the bromide of potassium in spermatorrhœa, with happy effects. He exhibits it in doses of four grains, in solution, three or four times in twenty-four hours. It was conjoined with the use of cold-water injections into the rectum, so as to empty it. A light vegetable diet was also directed. The result, in all cases of its use, was satisfactory.—*Cincinnati Med. Observer*.

*Dental Caries among Diabetics.*—M. Falck attributes the frequency of caries of the teeth in diabetes to the presence of free lactic acid in the saliva, dissolving the mineral part of the dental substance. He has proved by experiments that the substance of the teeth is unchanged by the action of pure solutions of sugar. The presence of lactic acid he considers due to the action of the saliva-ferment on the grape and diabetic sugar in the economy."—*Southern Jour. of Med. and Phys. Science*.

The Syracuse Chronicle makes the rare announcement of the marriage of two *bona fide* M.D.'s, viz., Albert E. Miller, M.D., of Rome, and Mary E. Walker, M.D., of Oswego [recently of Columbus, O.] Thus paired, the two established themselves in Rome, and commenced business under the firm of Drs. Miller & Mary Walker, the wife still retaining an identity of her own in the business affairs, by making use of her maiden name.—*Med. Counsellor or Weekly Gaz.*

*Grape Culture in Ohio.*—There are at present, within a short distance of Cincinnati, 1200 acres under cultivation, and of them, about 800 to 1000 acres are in a bearing condition. The average yield per acre is variously estimated. Particular spots, under favorable circumstances, have produced as high as 1000 to 1200 gallons of wine to the acre. A fair average will be about 400 gallons, which, allowing there to be 1000 acres in bearing, will produce 400,000 gallons of wine. This, at an average price of \$1.25 per gallon amounts to half a million of dollars in value.—*Ohio Med. and Surg. Journal*.

*Medical Fees in South America.*—A letter from a physician in Rio Janeiro, published in the (Columbus, O.) Medical Counsellor, thus alludes to the matter of fees for medical services.

"His (the physician's) customary fee here, as in nearly all South American States, is one *patacon*, or 2000 reis (about \$1.30), for each visit. This fee is stationary, and is charged by all. Night visits, smaller surgical operations, dressing of wounds, are all the same price, and only with extraordinary generous patients, or in highly difficult cases, the fee is doubled. One laudable feature in our practice is that the payment is immediate, as soon as the visit is made; some of the wealthier classes occasionally make a regular contract for one year with the physician, which, however, rarely proves profitable to the latter. In speaking of visits, I must mention that only those in which a prescription is left are paid for; where only an examination is made, or regimen directed, or the use of former medicines ordered to be continued, no fee whatever is paid. The fee for an *accouchement* (to which, however, physicians are seldom called), is half an ounce of gold; in regard to larger surgical operations, it is customary to make a regular contract, and one half of the stipulated fee is paid in advance; good security is demanded for the balance, or it will never be received. Surgery is chiefly in the hands of men (mostly Germans) who travel from one plantation to another in quest of patients. This practice is the most lucrative, but has also its shady side, as it is not unfrequent that the gentlemanly planter relieves the surgeon of his fee, by lying in wait for him with a good knife or gun."



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, JANUARY 17, 1856.

No. 25.

## CASE OF PLEURISY, FOLLOWED BY PHLEBITIS AND PULMONARY ABSCESSSES.

MESSRS. EDITORS,—I send a report which, as companion to the case of purulent absorption that you published for me in the *Journal* of Sept. 13th, you may like to print. Very truly yours,

*Woodstock, Vt., Dec. 27th, 1855.*

WM. HENRY THAYER.

W. T., æt. 27, physician, but not now in practice, of slender form, and not very robust, was exposed to wet and cold on the 18th and 19th of November. Was chilly, with general pain, on the 20th, but still kept out, and took sulphate of morphia freely at night. Had acute pain in right front chest below nipple on the 21st, impeding respiration somewhat. Took more morphine at night. Was seen by me first on the 22d, when I made the following record.

Nov. 22d.—Lying on back. Pain as yesterday. No cough nor expectoration. Pulse 106. Respiration 20. Percussion somewhat dull over lower right back, but respiration apparently equal in the two backs. In front, no difference in the two sides. No râles nor abnormal sounds anywhere. Some tenderness at the seat of pain. Is quite restless, and is reported to have been considerably delirious last night, both of which may be due to the morphine. Headache. No dejection for four days. R. Pil. cathart. comp. no. iij. Sinapism to seat of pain.

He had at this time a sloughy-looking abscess forming in his right cheek, which he pricked the next day. It continued to enlarge, with œdematous swelling of the whole side of the face, and in a day or two I opened it. During the growth of this abscess he was delirious by night, but quiet. As the abscess increased, the pain in the side declined, so that he could take a full inspiration. By the 27th, he appeared so nearly well, that I thought of leaving him. He was, however, attacked the next day with acute pain in the *left* chest in front and at the lower part, with the same symptoms as at first, but more severe. He had no dyspnœa requiring him to sit up, but respiration was painful. He coughed occasionally, with rarely any expectoration. About this time there began a swelling in and around the right submaxillary gland, gradually increasing; and as it

grew, the pleuritic symptoms subsided in a great measure. By the 2d of December the swelling had increased so as to make it inconvenient to swallow or to speak. It involved the subcutaneous areolar tissue from the angle of the jaw to the chin, the right half of the tongue, the sublingual gland and the soft palate. There was very little tenderness of the surface. Considerable salivation. The swelling increased and extended steadily from this time; the tongue became so much enlarged that he could not close his jaws; the whole submucous areolar tissue of the mouth became swollen, mostly on the right side; the tongue acquired a very dark color, and its surface and the mucous membrane under it and elsewhere had thick patches of lymph upon it. From the 3d to the 6th, he sat up in bed more than half the time, finding it easier to breathe in that position; his breathing was labored both during inspiration and expiration, noisy, chiefly through nose, and not exceedingly rapid. It had been 36 in the minute, but was at this time not more than 30. There was no lividity of the face, but great anxiety of expression, which became very distressing when I passed my finger into his mouth for examination; at such times he perspired profusely and his breathing was hastened and disturbed for several minutes. His voice was not much altered, but his articulation on the 3d, 4th and 5th, was almost unintelligible. His pulse varied from 120 to 130, and was feeble. His skin was generally moist and temperate, but was usually reported to be dry and hot during a part of the night. He had no delirium in the last week of his life, until the last day when there was occasional incoherence. But his restlessness became very great, and on the night of the 5th he did not sleep at all. The next day he seemed easier, articulated better, slept somewhat, but lost all power of swallowing by noon. About 4 P. M. he awaked from sleep, complaining of being cold. His wife, finding his hands cold, went down for help, and on her return he was just breathing his last.

There were several symptoms worthy of note, which occurred—whose precise date I cannot give. About the last two days of November, he expectorated mucus more or less streaked with dark blood. After the swelling of the mouth had become very great, he had several times a moderate discharge of pus from his mouth—never more than two or three drachms. Several times in the last week of his life, he complained of distress or some degree of pain in the whole front chest, which was usually relieved by a sinapism. Twice after the inflammation of the mouth began, he had an attack of vomiting—the first was about a week before death. On the day before his death, œdema of the right side of the face, including the lips, came on, and continued increasing to the end.

For treatment, he had sulphate of morphia one sixth of a grain at night, when very restless; carbonate of ammonia six grains every four hours, from an early day; during the last week, brandy one ounce daily, and latterly two ounces. His mouth was syringed frequently with a solution of sulphate of zinc, alternating in the



last two days with an infusion of capsicum. For the last five days of his life, he received all his food by the rectum, on account of the difficulty of deglutition. It consisted of the juice of about three pounds of beef, and a pint of milk daily. About once a day a few drops of laudanum were added to the injection—but it was generally retained without it. He had during this time two, and sometimes three, dejections daily, liquid or thin, but of fecal color and odor. When the swelling had nearly reached its height, I scarified his tongue with the loss of about two ounces of blood, and considerable relief. On the evening of Dec. 4th, on a slight probability of the presence of pus below the jaw, I made a small incision with the lancet, but found none; he lost two drachms of blood.

*Autopsy*, seventeen hours after death, in the presence of Messrs. Wilkins, Pierce and Page, medical students.

*Rigor mortis* established. Moderate discoloration of posterior parts. Sudamina, mostly quite large, over the chest, towards the axilla, and in the iliac regions. Swelling of face still considerable.

Very little adipose tissue. *Pleural adhesions* on both sides, chiefly anteriorly, soft and close, by a small amount of recent lymph, which was irregularly effused upon the serous surface—smeared with a little pus. On the left side the *lung* is also slightly adherent to the *diaphragm*. In the left pleura about one ounce of purulent serum; none in the right. The two lungs varied little in their condition, and the description of one will suffice for both. They contained numerous purulent collections, varying in amount—in size from three lines to an inch in diameter—chiefly towards the anterior part, and lying immediately under the pleura. These were irregular in shape, surrounded invariably by a layer of false membrane, in the middle of healthy lung. These fibrinous investments were in no case empty. They were usually filled with a dark brown, and more or less soft, substance, sometimes preserving a solid form, in other instances nearly liquid, but always readily broken down and turned out of the false-membranous cavity. Some of them contained pure yellow pus. None of them had any gangrenous odor. I believe them all to have contained more or less pus, for they resembled very nearly the masses found in the lungs of the case referred to (*Med. Journal, Sept. 13th*). Where these were at the surface, they were more prominent than the surrounding lung, and had a thin layer of false membrane upon the pleura near their circumference. The remaining parts of the lungs contained much fluid, but crepitated everywhere. The posterior parts were dark and had more fluid than the rest. The left *bronchi* were slightly reddened. *Trachea* normal. *Larynx* of natural appearance. *Glottis* and *epiglottis* very considerably œdematous, so as to be translucent, but not distended. *Tongue* coated with lymph. Anterior portion of the *pharynx* very much thickened by enlargement of the papillæ and submucous deposit (lymph?).

No pus found in the tissues around the larynx and trachea, but considerable serum on the right side. *Right external jugular vein*

filled with a brownish adherent clot and pus—traced about three inches up; no pus seen below its termination in the innominata, but the *internal jugulars* and the innominatæ are filled with coagulum, having, apparently, no adhesion to the lining membrane. *Vena cava* natural. The *pericardium* contained several ounces of serum. *Heart* normal in every respect. The right cavities contained more than two ounces of rather soft coagula—left, less than an ounce. From one cavity a small whitish, fibrinous string extended into one of the vessels for sixteen inches.

*Liver* had several spots on its surface, of a yellowish color, covering an area of two or three inches. These extended half an inch or more into the substance of the organ. No pus was found, nor other abnormal appearances, in the liver. *Gall-bladder* half-filled with bile. *Spleen*, left *kidney* and *peritoneum* perfectly normal. The *intestines* appeared natural, but were not opened (for want of time). Right kidney not examined. *Mesenteric glands* slightly enlarged, not abnormal. No tubercles found anywhere.

No examination of the *brain*.

*Recapitulation.*—A man of somewhat feeble organization, after prolonged exposure, contracts pleurisy of the right side. No serous effusion. The pleurisy subsides, in two or three days, as an ill-conditioned abscess in the right cheek is developed. In a week from the first attack, the abscess is also healed and the patient is convalescent. Symptoms of inflammation of the left pleura immediately appear—more severe than the former pleurisy—but also without effusion of serum. These pleuritic symptoms decline in a day or two, with the gradual appearance of inflammation of the right submaxillary gland and the areolar tissue around. This inflammation extends to the tongue, involving all the muscles of its right side and those of the same side of the lower jaw and the areolar tissue, in one indistinguishable mass. The external jugular vein becomes involved in the inflammation, and pus probably passed into the circulation nearly a week before death—giving rise to vomiting and repeated feelings of distress in the chest.

The *post-mortem* examination revealed much more numerous and larger pulmonary abscesses than in the case reported in September; while the symptoms referrible to pyæmia were decidedly less marked in this case than in the former. This discrepancy between symptoms and lesions may, perhaps, be referred to the difference in the amount of destructive suppuration of tissues which preceded the circulation of pus with the blood in the two cases. In the former case there was free suppuration in the hip-joint and all the surrounding muscles; in this case, suppuration was extremely limited, and after death no pus was found in the neck, except in the right external jugular vein. I am inclined to date the commencement of the formation of the pulmonary abscesses at about a week before death—soon after the onset of inflammation in the neck. It was at this period that vomiting occurred, and from this time onward that he complained of occasional distress in chest. It is, however, not im-



possible that the pyæmic condition began during the course of the abscess in the cheek—a week before—since inflammation of the external jugular might equally well arise from this source. Delirium, which occurred for several successive nights at that time, is a symptom, which after the termination of the case, it is very natural to refer to pyæmia for its cause.

The term “purulent absorption,” if ever correct, does not probably express the truth in these two cases. It is natural, however, to retain terms which are in common use, even after they have lost their signification. It is not stating anything new to pathologists, to say that according to modern views the pus which is found in the lungs in cases of this nature *is formed there* by inflammation of the pulmonary tissue arising from the alteration of the blood which follows the introduction of pus into it at some other point in the system. The pus is conveyed by the veins to the heart, and forwarded from thence; and the pus-globules which reach the capillaries of the lungs in their entire state, are unable, from their size, to permeate the latter. These globules now become a central point of stagnation (and finally of extravasation), in the adjunct branches of the pulmonary artery, and thus determine, eventually, local inflammation and suppuration.”\* Rokitansky says that “the attendant anatomical process [of these purulent masses in the lungs] consists essentially in a spontaneous coagulation of the blood-fibrin in the capillaries, and its immediate liquefaction, with ulcerous corrosion of the blood-vessels, membranes, and of the contiguous textures; to which process, inflammation with similar products, as the encompassing inflammatory areola, supervenes.”† We see the undoubted existence of inflammatory action in the fact that each of these purulent masses in the lungs is surrounded by a soft fibrinous layer. The view taken by Hasse, that pus-cells are arrested in the capillaries of the lungs by their large size, and there become the exciting cause of local abscesses which are formed about them, does not, of course, admit of absolute proof. But neither have we any more conclusive evidence of the explanation given by Rokitansky, who, equally discarding the earlier opinion (that the purulent masses in the lungs were composed of the identical pus which had entered the circulation from some distant point, and had there found a sort of cess-pool to detain it), seems also to doubt that the arresting of pus-cells ever has any effect in determining the situation of the abscesses, but refers it all to the altered condition of the fibrin of the blood generally. I would suggest that neither of these distinguished pathologists need be considered as having the whole truth, but that Hasse, in speaking of the arrest of pus-cells in the capillaries of the lungs, should have mentioned the great probability that they had there a poisonous influence, which gave rise to effects more serious than a simple foreign body would produce in the same situation; such an influence as they may have by their presence anywhere in the blood in circulation.

\* Hasse's Pathological Anatomy, &c.

† Rokitansky's Pathological Anatomy, I., 382.

That this is the case we have no doubt, from the difference in the character and severity of symptoms following the introduction of pus into the circulation under different circumstances. I may quote again the very best authority: "it is certain that a large proportion of bland pus taken up into the circulation proves far less mischievous than an incomparably smaller quantity of purulent ichor."\* If this difference exists in pus in several cases, we must suppose that it is in all cases not a mechanical irritant merely. It does not follow from anything Hasse says, that he doubts the poisonous character of pus-globules, except that he does not speak of it as a cause of the pulmonary abscesses. That there is also a very serious alteration in the character of the blood generally (as shown by its imperfect coagulability and the dissolution of its red globules), is very clear; and to this change, and the poison which produces it, may be very properly referred the grave symptoms in cases of this kind and their fatal character, whatever influence it may have in the production of the pulmonary abscesses.

The local poisonous effects of pus we see in cases of persons inoculated with lymph taken from the vaccine pustule after suppuration has begun in it, so that pus is carried along with the lymph. In such cases, the inoculation is usually followed by a more extensive and serious inflammation of the arm than occurs in those vaccinated with unimixed lymph.

We have thus seen that the presence of pus in the blood is the primary cause of the abscesses in the lungs (as also in the liver and spleen, when they occur). As to its first introduction into the circulation, we have the best evidence that it is secreted by the veins themselves, when they are in a state of inflammation; or, when received into the veins from without, that it enters only through breaches artificially made in their coats, or produced by ulceration or sloughing in consequence of abscesses in the neighboring parts. Absorption of pus is anatomically impossible from the size of the pus-cells. Indeed, from their size, it is supposed that they can with difficulty pass through the capillaries of the lungs along with the blood; hence their stagnation there and the subsequent inflammatory action which they excite—an inflammation which has no tendency to resolution, but ends only in suppuration. "Vogel, however, without assigning any reason," says Hasse, "considers it not impossible for single pus-globules to pass through the capillaries of the lungs." If, however, the measurements of Addison and Kölliker may be relied on—unless I misunderstand their statements—the diameter of a pus-globule is to that of a pulmonary capillary as 8 to 5, and therefore the pus-globule cannot pass through the lungs while it continues in a state of integrity.

I have said that the absorption of pus is anatomically impossible. Where pus is in such a situation that we can apparently see its rapid absorption—as in a superficial abscess which is not discharged but

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\* Rokitansky.



subsides—we shall find that it is only the *liquor puris* which is removed. The separation of the pus-cells from the serum in which they are contained is not difficult, and takes place in pus that is removed from the body and allowed to stand for some time ; the cells subside to the bottom, leaving the serum pure above. “It is only,” says Vogel, “the serum of pus which can be conveyed unchanged into the vessels by means of resorption. \* \* \* \* An actual resorption of pus can only occur when its corpuscles become liquified and fluid. This process is, indeed, very rarely observed, and an extremely long time is requisite for it, since the fluids of the body in which the corpuscles must be dissolved usually exert no great solvent power upon them. The resorption of pus often appears to occur in a comparatively short period, for the serum of a fluctuating abscess becomes suddenly resorbed, causing the fluctuation and all physical signs of the presence of an abscess to disappear ; while the pus-corpuscles, however, remain long uninjured, and are only very gradually resorbed.”\*

## MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO. IX.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

### *Cases of Erysipelas—(Continued.)*

CASE XXXII.—Mrs. R. H., aged 40. Admitted from city ; said to be convalescing from erysipelas. Had no appetite, and was taking mild tonics.

March 30th, 1850.—Found her by her account improving, with the exception of an erysipelatous eruption on her cheeks and lower eyelids. Pulse 104. To have two grains of sulphate of quinine every hour.

31st.—Quite sick. Inclined to be delirious. Tongue dry and cracked. Forehead, nose, cheeks and chin swollen ; very ghastly and eyes closed. Pulse 107.

April 1st.—Scalp affected. Face very much swollen. No delirium.

April 10th.—Fast improving. Right elbow has been affected, and left side down to the thigh. An abscess on the right elbow opened on the 3d, and to-day another was opened over the left anterior superior iliac spinous process. Appetite is good. Quinia was omitted on the 4th, and an ounce of wine, three times a day, was substituted.

12th.—Discharged almost well.

CASE XXXIII.—Mary McG., adult, was admitted from the city on the 30th of March, 1850. Saw her first on the 31st. Cheeks and nose vesicated. Nose suppurating. Aspect of patient, ty-

\* Vogel's Pathological Anatomy.

phoidal. Teeth covered with sordes. Tongue dry, brown and cracked. Pulse 124, moderately full. Patient not easily roused. To have five grains of sulphate of quinia every three hours.

April 2d.—Disease confined to face and scalp. Face excessively swollen, cracked and discharging pus. Eyes closed. Pulse 103.

3d.—Insensible. Respiration stertorous. Disease does not appear to advance. Pulse 92.

4th.—Pulse 76. Otherwise the same.

5th.—An abscess forming over the right eye, which is much swollen. Can open the left eye a little. Face scaling.

6th.—Quinia reduced to four grains.

7th.—Pulse 64.

8th.—Pulse 60 and full. Doing well. Opened the abscess.

10th.—Opened the abscess again. Able to open both eyes. Medicine omitted. Was discharged in a few days.

CASE XXXIV.—Margaret K., 8 years old. Entered Female Hospital for abscess under the scalp, covering a circle of skull of the diameter of four inches. Lousy and filthy in an extreme degree. This was in March, 1850. The abscess not being disposed to heal, it was laid open from behind forwards. The wound granulated and seemed disposed to heal.

April 9th.—Hot and feverish. On that day got a dose of sulphate of magnesia, which operated freely.

April 10th.—Erysipelas of the scalp, which extends from the wound, irregularly down the forehead, and on the back of the neck. To have a grain of sulphate of quinia every six hours.

11th.—Disease has not extended. To have two ounces of wine every six hours.

12th.—Swelling of soft parts about neck, and over the upper edge of the right scapula. Eruption peeling.

13th.—An abscess, pointing in the spot mentioned yesterday, was opened. Discharge of large amount of pus. No erysipelatous appearance on the skin anywhere.

14th.—Opened abscess which was formed behind the left sternomastoid muscle.

15th.—Opened another abscess on left side of neck, still farther back.

16th.—Doing well.

19th.—Continues doing well.

CASE XXXV.—*Periostitis (?) with Erysipelas and probably Peritonitis*. C., æt. 35. Pedlar. General health feeble. Contracted syphilis from his wife two years since. Many years ago lost one arm by gun-shot. Five months since became lame in the left foot and ankle. Entered the Male Hospital about April 1st, 1850. Lower part of leg and foot at that time much swollen and very painful. Has been treated locally with leeches, poultices and washes. He is urgent to have his leg removed. There is no opening through the skin, but [April 8th] manifest fluctuations below the external malleolus. Made an incision and discharged a small amount of



pus, with partial relief of the pain. The wound was dressed with warm water and he got opiates. The discharge continued several days with relief of the pain. On the 10th he was put under the influence of ether, and a careful examination was made. The end of the tibia manifestly enlarged, but no carious nor necrosed bone could be felt. The probe passed freely over the instep for an inch, and behind the bone as far. The foot being very much swollen and œdematous, the skin was scored with a scalpel, and a profuse discharge of serum followed. Three grains of blue pill with half a grain of opium were directed three times a day, and a hundred drops of laudanum at once.

11th.—Reports little sleep. Begs to have his limb removed. A little inclination in the scarifications to suppurate. To have fifty drops of laudanum three times a day, the other treatment being continued, and nourishing diet.

12th.—More quiet at night. Pain excessive; and redness of the skin.

13th.—Pulse 140, full and bounding. Pain in head. Pain in foot excessive. Leg swollen as high as the centre of the calf and of a purplish-red color. Behind the skin and cellular tissue thickened, two thirds of the way to the knee. Skin tense and shining. Again scarified the foot and the leg. To omit the medicine of April 10th and substitute two grains of sulphate of quinia every two hours; also a fourth of a grain of sulphate of morphia every two hours, p. r. n. A strip of cantharides cerate, an inch in width, to encircle the thigh, just above the knee-joint. The foot to be dressed with cold water.

14th.—The erysipelas extends nearly to the knee, behind and before. Pulse less strong, 140. Has had no dejection for three days. Foot very much swollen. Stopped the quinia after taking six grains, on account of abdominal pain supposed to be caused by it. Got five eighths of a grain of morphia. To have sulphate of quinia, aloes and sulphate of iron, of each one grain in pill every hour. Also half an ounce of sherry wine every hour till the aloes purges; then omit the pill and continue the wine in one ounce doses every hour.

15th.—Had great difficulty of respiration. Abdomen swollen, painful, tympanitic. Shoulders raised. Took his aloes, &c., twelve times. No dejection. Sank rapidly, and died at 1 A.M. Autopsy not allowed.

CASE XXXVI.—*Wound of Scalp—Erysipelas.* G., sailor, from Portland, April 13th, 1850, was struck with a stone, as he supposed, in the head, just above the right eye. The surgeon who saw him united the wound with three stitches. He was admitted to the lower male ward, on the 15th of April. There was a curved wound, two inches long, the concavity being upwards, extending from three quarters of an inch above the outer edge of the right eyebrow, upwards and inwards. No ecchymosis. Edges clean and have united. There is evidence of pus under the integument. Right eye

full and swollen, lids closed, tense and shining. The whole surface from an inch below the right eye to the hairy scalp and into it, and from the right ear to the central point of forehead over the left eye, is a dusky red, tense, shining, and pits on pressure. Tongue covered with a thick yellowish-white coat. Pulse 70, full and hard. Hearing good. Complains of nausea and pain in the head. Is never inclined to vomit. Removed the stitches, and with a probe opened one end of the wound, discharging several drachms of dirty, bloody pus. No wound of bone, no denuded bone discovered. To have a grain of sulphate of quinia every two hours; two grains of calomel every four hours. Head to be shaved and a lotion of hydrochlorate of ammonia freely applied.

16th.—Headache less. Tongue and pulse the same. No dejection. Purulent discharge slight. Treatment as yesterday, with nourishing food.

17th.—No headache. Pulse 70, full but not hard. Tinnitus aurium. Frequent dark dejections. Swelling much diminished, as is also the redness. Discharge slight. Eye still closed. Medicine to be omitted and a capeline bandage applied so as to compress the abscess.

18th.—Slept well. Right eye open. Swelling diminished. No headache.

26th.—Up to this day was doing well, and has been out. A few drops of pus only from his wound as long ago as the 20th. Last night he soaked his feet in cold water, which was followed by a chill and excessive pain in the head. To-day his whole face is swollen, red and dusky. Integument thickened. To have a grain of sulphate of quinia every six hours.

27th.—Face and eyes much swollen and red. Headache. Tongue thickly coated. Refuses broth, which has been allowed. Occasionally vomits. Has nausea constantly. Omit quinia. Give him a grain of tartrate of antimony and thirty grains of ipecac.

28th.—Face more swollen. Headache intense. Medicine operated freely as an emetico-cathartic. Vomiting continues. Resume the quinia.

24th.—Pulse 100. Swelling increasing. Eyes nearly closed. Occasional delirium. Let him have a grain of sulphate of quinia every hour.

30th.—Does not sleep. No tinnitus. No headache. Pulse 100 and full. Erysipelas has not extended to the scalp. Skin of face cracked with the swelling. Double the dose of quinia.

May 1st.—Headache slight. The disease seems to be stationary. Has no tinnitus. Pulse 76, full and strong. Has appetite. Has had his medicine regularly. It may be increased to three grains every hour.

2nd.—Disease does not progress. Pulse 76. Slight delirium. No headache nor tinnitus. Has had eight dejections. Diminish the quinia to three grains every three hours, then to be taken with an ounce of Madeira wine.



May 3d.—Pulse 64. Feels better; four dejections. No delirium.

4th.—Slight tinnitus. Pulse 68. Feels quite well. Reduce quinia to a grain and a half every six hours, and the wine to half an ounce every six hours.

5th.—Medicine omitted.

6th.—Discharged.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

SEPT. 24th. *Exophthalmia with Recurrent Tumor.* Reported by Dr. HENRY J. BIGELOW.

The patient was a boy, 9 years old, who had a mass of uniform, semi-transparent and bluish-white tissue, of soft consistency, removed from the orbit of the right eye. The tumor consisted, microscopically, of non-malignant material; uniform nuclei and nucleoli of moderate size; neither cancer cells nor irregularities, on the one hand, nor, on the other, was there the fusiform element, sometimes, and even very recently, assigned as characteristic of *fibro-plastic* growths. The tumor was first removed by Dr. B. from above the globe in May last. There was recurrence in a month, a considerable exophthalmia, but with vision; and the ocular globe was then removed with the tumor behind it. The disease was dormant for three months after this operation. Microscopically, the first and second specimens were identical. On recurrence for the third time, Dr. B. dissected out everything up to the optic foramen, clearing the orbital cavity completely, and removing some bone which the tissue had now infiltrated. The eyelids were also removed. This tumor is, *microscopically*, "*benign*," but *clinically and locally*, *malignant*.\*

Dr. BETHUNE referred to a case previously related by him to the Society, of *fatty tumor of the orbit*, and which was thoroughly removed; there was no recurrence. He also spoke of the tendency in certain patients to the formation of different epithelial growths. A patient now under his care had a pterygium removed by him from each eye in March last. A week or two since, a tumor of the conjunctiva (*pinguecula*) was dissected from over the right sclerótica. There are now two small, imperfectly encysted tumors of the right upper lid, and, lastly, a warty growth at the edge of the left upper lid.

Dr. H. J. Bigelow spoke of a large tumor removed from the orbit of a man six years ago, and which he had seen in consultation with Dr. York, of South Boston. The mass was then recurrent after an operation less than a year before, and stood out, fungous and encephaloid in appearance, of the size of a goose's egg, protruding far beneath the orbit. The man begged to be relieved of the pain which resulted from the mere dragging weight of the mass. Dr. B. saw no objection, and it was skillfully excised by Dr. York. Dr. B. then cauterized the soft interior of the orbit with a hot poker. It is now six years and the tumor has *not returned*. A few

\* Dec. 24th. Dr. Bigelow has recently learned that the growth has again returned, is extending outside the orbit down the cheeks, and that the patient is rapidly failing. SECRETARY.

exuberant granulations are occasionally repressed by an alum poultice only. The growth proved to be a solid, firm, whitish mass of well-marked *cancroid epithelium*, as it has been termed; or, if Dr. B. might use a name he had himself applied to this affection some years ago, *epitheloides* (like epithelium) or epitheloid disease.

Dr. J. B. S. JACKSON asked if it be common to observe recurrence of epithelial cancer of the lip?

Dr. Bigelow believes that local recurrence soon after excision is owing to imperfect removal of the disease. Hence, in operations, he always wipes and examines at once the cut surfaces of the removed portion, and if disease is detected, excises more of the lip. When thoroughly cut out, epitheloides usually returns in about two years in the submaxillary glands. Enlargement of the morbid growth in this situation then proves fatal in a year or two. But, on the other hand, in one case of an elderly gentleman, a physician, operated upon by Dr. B., an unequivocal epitheloid of the lip, there has been no recurrence in ten years. In a man where the whole under lip was involved and removed square to the chin, the disease returned locally. In a second similar case Dr. B. carefully scraped the jaw bone, and the cicatrix remained perfectly pliable and sound till death, two years after, from disease of the glands under the jaw. In both the last cases the under lip was made from the cheeks. Thorough local removal of the disease is essential to prevent local recurrence, but even early operation does not prevent infection of the absorbent glands in many cases.

In reply to queries as to the frequency of recurrence in epithelial warts, Dr. Bigelow said that pimples in elderly people which visibly grow for months, and are the seat of stinging pain, are usually true epitheloid disease and are locally cured by excision, or as well, when small, by caustic. The true "*wart*" is a different thing; innocent; probably hypertrophied papillæ; and microscopically resembles, in appearance, a bunch of radishes, the roots outward.

To a question from Dr. Jackson, whether there is ever transformation of these growths into true cancer, Dr. Bigelow replied that he had never witnessed it; but, practically speaking, if in an elderly person, a mole or pimple is growing appreciably, and refuses to yield to an astringent wash, such as lead-water, for example, or to citrine ointment, the sooner it is excised, or extinguished with Vienna paste, or other strong caustic, the safer it probably is.

SEPT. 24th. *Vaginitis in a Child of three years.* Dr. WILLIAMS reported a case of severe inflammation of the vagina, probably occasioned by the introduction of sand while bathing in the surf, and aggravated by want of proper care on the part of the child's attendants. There was a copious muco-purulent discharge, and for a week the child also suffered from retention of urine. This was passed but once in twenty-four hours, after much suffering, and the urgency of the symptoms required at one time the use of the catheter for their relief. As the swelling and excoriation of the parts were removed by emollient and astringent remedies, the child rapidly improved.

Mr. WILDE, of Dublin, has recently published an able paper, calling attention to this disease. He was led to do so by the prosecution of several individuals, on a charge of having attempted violence upon small children who were discovered to have discharges from the vagina. The innocence of the accused was conclusively established, and Mr. Wilde not only exposes the manner in which such accusations originate, but goes on to prove



that cases of this description are not infrequently met with in children who are exposed to cold and dampness, and who are negligently cared for.

Dr. W. has previously met with this disease, in two children in one family. In this instance the mother had been suspicious that the origin of the symptoms was of a more grave character than mere neglect of cleanliness.

SEPT. 24th. *Severe Wound resulting from a Fall.* The account of this accident was sent to Dr. CABOT by Dr. CHARLES BELL, of Concord, N. H., and was read to the Society by Dr. ELLIS.

G. D., the patient, is a hotel keeper, 47 years of age, of good constitution and temperate, so far as known. Late in the evening of June 6th, he fell from a scaffold in his barn, a distance of about fifteen feet, and struck upon his right side on the floor. Upon recovering somewhat from the shock of the fall, he got upon his feet and succeeded in reaching his house. It being late at night, no medical advice was sought until early the next morning, when Dr. Bell was called. He had passed a sleepless night, and had lost, as nearly as could be estimated, about half a pint of blood, which flowed from a wound in his right side. When Dr. B. saw him there was only a slight oozing of bloody serum, and no bleeding of any consequence. The wound was about four inches in length, immediately under the last false rib, extending in the direction of the fibres of the external oblique muscle, and penetrating into the peritoneal cavity. In order to be sure of this fact, Dr. B. introduced, carefully, a blunt probe and passed it several inches into the abdomen. Upon separating the lips of the wound, the inferior edge of the liver appeared in view at every inspiration. It was ascertained that the wound had been made by the sharp edge of a piece of joist, against which the patient had struck in falling; besides the abdominal walls (in him over an inch in thickness), a waistcoat, the waistband of his trowsers, and two shirts, were sharply cut through, as though with a knife.

Dr. Bell took two or three stitches through the skin alone, and dressed the wound with adhesive plaster and cerate. It was found necessary to have the adhesive strips very long, in order to control the wound and prevent its gaping. He complained of much soreness of the abdomen and chest, and was much annoyed by a slight cough which he had had for a few days, and which seemed to be increased by the irritation arising from the blow. On each side of the wound, and extending in the same direction, the flesh showed the effects of a severe bruise. This was especially the case over the lower part of the thorax, but no ribs were broken. In addition to the bruises, the right gastrocnemii muscles were badly strained. He preferred to lie on the injured side. When first seen, he had slight fever; the pulse was regular and rather full; about 80; he had a little headache, probably in consequence of the blow. He complained of thirst, but was not inclined to eat. Dr. B. had him bathed with spirit and water, and administered an anodyne.

June 7th.—The patient slept a little last night, but was annoyed by cough and headache; cold applications relieved the latter. No more feverishness than yesterday. Not much appetite, and quite marked soreness of the abdomen and chest. Says he had had no operation from the bowels for two or three days before the injury, and is habitually costive, but is unwilling to have an enema. Does not complain much of pain in the immediate vicinity of the wound.

June 8th.—Improving; had a good night; pulse 80; not much febrile action. The wound was dressed and looked well. An operation from the bowels was obtained by means of two compound cathartic pills.

From this time he gradually improved, no unpleasant symptoms occurring; and Dr. Bell ceased to visit him on the 19th of June. At that time he was able to walk a little with a cane. Within a week afterwards Dr. B. saw him; he was able to walk out, and seemed nearly well. He had a bubonocoele of the right side. Some weeks after his recovery from the fall, he consulted his physician for an open bubo in the right groin, arising, probably, from the transmitted irritation of the wrench of the muscles of that leg. There was no ulceration upon the leg, or other apparent source of irritation, and there was no suspicion of syphilis. The termination of the case was very satisfactory, in view of the severity of the injury.

SEPT. 24th. *Screw swallowed by a Child six Years of age, and thrown off after having been in the Air-Passages for three Years.* Dr. JACKSON referred to the case. He was at the house of a medical friend, when the father of the child called to show the screw which had just been thrown off; it was about half an inch in length. There had always been indications of trouble about the lower front part of the right lung, and for the last few days there was hæmoptysis, with symptoms of pneumonia. The child is now nine years of age.

[Another instance of the above accident, with a similar result, was reported to the Society by Dr. CHARLES E. WARE, January 22, 1855. (See *Extracts from the Records*, Vol. II., p. 173, *American Journal of Medical Sciences* for April, 1855, p. 357.) This case is remarkable for the long period of retention of the foreign body and the comparatively slight amount of irritation caused by its presence. In Dr. Ware's patient there was far more constitutional disturbance, convalescence from which was prolonged for "nearly a year."—SECRETARY.]

SEPT. 24th.—*Purpura Hæmorrhagica.* The following account was sent by Dr. WM. D. LAMB, of Lawrence, Mass., to Dr. J. B. S. JACKSON, who communicated it to the Society.

The patient was an American, a stable keeper, 49 years of age, and had been a perfectly healthy man for the past twenty years, during which time he had hardly taken a dose of medicine. He was of correct and temperate habits, and had been as well as usual until the present attack. He first complained of lassitude, pain in the head, constant and severe pain in the lumbar region, between the last lumbar vertebra and the sacrum; there was no redness or tenderness. He complained at times of the pain being more acute and extending through to the hypogastric region, at which times there was nausea, and vomiting of the fluids taken, and also of mucus and bile. No relief followed this emesis. There was great desire for cold drinks and for ice, but there was no pain or tenderness in the epigastric region. Tongue partially covered with a yellowish coat; pulse 95, full but easily compressed.

Five grains of calomel were given, followed by cold soda-water; and pieces of ice were swallowed; mustard was applied to the epigastrium and to the seat of pain.

May 6th.—The patient passed a restless night and vomited occasionally, especially when the pain in the lumbar region was most severe; has had three dejections; sense of weariness and pain continue; tongue rather less coated; heat and pain of the head diminished; pulse 88, full and compressible. A belladonna plaster was applied to the seat of pain. *Evening visit*:—Pain in the lumbar region almost entirely gone; the vomiting had ceased, the tongue was more moist; thirst still very troublesome; pulse nearly the same as in the morning. A mixture of chloric ether and spirits of nitrous ether was given.



7th.—Feels better; no pain or nausea; still complains of weakness; pulse 80; tongue moist and nearly clean. Compound tincture of cinchona was ordered.

[Dr. Lamb was necessarily absent from town and did not see his patient again for thirty-six hours.]

8th.—More weakness and languor, after even slight exertion; the respiration was hurried; he had been restless and sleepless through the entire night. The mucous membrane of the mouth and fauces was covered with a dry, dark, brownish or slate-colored coat, with here and there dark-red or purple spots on the tongue, the inside of the lips and the fauces. No soreness of the gums or looseness of the teeth. The whole surface of the body was of a bright-red color, interspersed with small petechiæ not raised above the surrounding skin, but resembling in size and shape those seen in typhus or ship fever. These spots were first observed upon the arms, wrists, legs and knees; the whole front of the body at last presented them. The lining membrane of the nose, urethra and rectum was similarly maculated; the eyes presented the same appearance. There was very little moisture in the mouth; the thirst was great; pulse 100, but easily controlled. The urine was scanty and passed with much effort. Sulphate of quinine with sulphuric acid was freely given, and the tincture of cinchona administered in larger doses. Five grains of Dover's powder were also prescribed and taken.

9th.—The patient had slept a little through the night, but was restless, with hurried respiration on the least exertion; the pulse more frequent; the mind was perfectly clear. More moisture about the mouth and fauces; a great number of dark spots seen upon both; their secretions were tinged with blood; there was frequent desire to micturate, the urine being either streaked or mixed with blood. Dejections slightly bloody. A large number of dark-purple spots on the surface of the body (apparently occupying the former site of the petechiæ), both over the chest and abdomen; some very small ones on the face, none of them raised above the skin. *Evening of 9th:*—Secretions of the mouth about one quart in quantity, one half of which was blood; urine three pints, two thirds of which was blood. One dejection, a part of which was blood. The chest and abdomen were covered with innumerable dark-colored spots, varying in size from that of a pin's head to that of a three cent piece, many of the larger ones distinctly raised from the surface of the skin, and hard; the smaller ones were not raised. These dark spots were also seen upon all the mucous surfaces. No swelling of the limbs, or surface of the body; the patient was unable to rise, or to pass his water, or even to take drinks, on account of extreme prostration.

10th.—Has voided small quantities of urine mixed with blood; no dejection, although the bowels seemed distended; patient pulseless, unconscious; death took place at seven o'clock, A.M.

Dr. HENRY J. BIGELOW mentioned a case of this disease which occurred in the practice of Dr. FOGG, of South Boston. The patient had been a high liver; the hæmorrhage began from the gums; petechiæ were observed and there was hæmaturia. Dr. Bigelow saw him in consultation and plugged the nostrils thoroughly, but there was, notwithstanding, a slight oozing. Pulse 106 to 108, and full enough. There seemed no immediate ground for apprehending a fatal result, but death occurred quite suddenly the day after Dr. B.'s visit. It was remarked that the blood coagulated but feebly.

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 BOSTON, JANUARY 17, 1856.
 

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## DEATH FROM CHLOROFORM.

IN our last number we noticed a case in which death occurred from the inhalation of chloroform recently in Edinburgh. We regret to state that the same accident took place in this city on Saturday, Jan. 5th. We copy from the Boston Journal the following statement of the case, as prepared by Dr. Emery, who administered the chloroform.

"Between the hours of 1 and 2 o'clock on the 5th inst., I commenced to administer chloroform to Mrs. P. A. Morgan, at her request, for the purpose of removing some teeth. I commenced with a small quantity—should think from two to three drachms, on a sponge. She inhaled it without difficulty for a minute or two. Her pulse was not strong, but uniform. She then commenced to be excited, and said that I was going to extract her teeth, and she should know all about it. She said that Mrs. Paige (the lady who accompanied her) was getting the forceps to extract them with. I think about one minute had passed during this conversation and excitement. I then removed the sponge from her mouth, and in a few moments she became quiet, and satisfied that there had been no attempt made to remove her teeth. In a few moments I commenced the operation again with the same amount of chloroform. She inhaled it without difficulty about as long as she did before, and became so much excited that she got up out of the chair and insisted that I had extracted her teeth. She spit on the floor and looked to see if it was blood, and she insisted that some one was coming into the room whom she did not want to see. I sat her down in the chair again, and she then went into a spasm, closed her teeth, and breathed with difficulty. I sprinkled water on her face, and the muscles relaxed, and I asked her to get up and we would place her on the lounge. She made an effort to rise, and with my assistance stood on her feet, and then instantly sank to the floor. With the assistance of Mrs. Paige, I placed her on the lounge, and then there was a rush of blood to the brain. I sprinkled water in her face again, but she showed no signs of being conscious. Mrs. Paige went for assistance, and I immediately commenced artificial respiration by insufflation, and kept it up until Dr. Stedman came in, which was but a few minutes." To this account by Dr. E., the Journal adds—

"As was stated in our paper yesterday, the inquest was held by Dr. C. H. Stedman, and the jury returned the verdict 'that the deceased came to her death from the effects of the chloroform, and that the chloroform was a pure article, and was given at the urgent solicitation of the deceased, and with all proper care and discretion.' They further say, 'from the testimony and opinion of medical experts in this case, the jury feel compelled to caution the public against the use of chloroform, as being a dangerous anæsthetic agent.'"

With this recommendation we entirely agree, and we have before urged, not the necessity of caution (for caution seems to be of no avail in these cases), but the abandonment of chloroform and concentrated chloric ether, as anæsthetic agents, in ordinary cases; the more especially since we have the original article used for producing insensibility to pain, sulphuric ether,



which is efficient, cheap, and above all, safe. We are not aware that any case of death has occurred from the direct effect of the inhalation of ether, and although it is possible that such an event may take place, the article is beyond all question more safe than chloroform, the number of deaths from which now amounts, we fear, to thousands.

We cannot help thinking that the amount of chloroform used in this case was very large. It appears that from "two to three drachms" were first inhaled, and that the same amount was repeated. We believe that the most approved practice in England is to pour a few drops (twenty minims, DRUITT) on a handkerchief folded into a hollow cone, or into an apparatus specially designed for the purpose, and held at the distance of a few inches from the patient's nose. This is to be repeated occasionally until anæsthesia is produced; in many cases a single drachm is sufficient.

#### CULTIVATION OF LIQUORICE IN THIS COUNTRY.

A CORRESPONDENT of the *New York Times* (Mr. William R. Prince, of Flushing, L. I.) is of the opinion that the officinal *Glycyrrhiza Glabra* may be easily cultivated in this country. He says: "The liquorice is one of the most important plants that is destined to be added to American agriculture, and merits at our hands an early adoption, on account of the facility of its culture, its great usefulness for various purposes, and for the large profit it yields to the cultivator. When the high-priced lands of England are profitably devoted to it, how much more profitable must it prove, where land is plentiful and cheap, and where, above all, as in several of the Western States, the soil is naturally permeable, free from all stones, and no manuring required. It is, indeed, mortifying to American pride, to witness the many thousands now paid to Europe for an article like this, so simple in its culture that we ought to be the largest exporters of it, thus adding another item to our 'granary of the world.'

"It has long been extensively cultivated in Spain, and from the commencement of Queen Elizabeth's reign it has been largely grown in various parts of England."

Besides its employment in medicine, liquorice is extensively used in the manufacture of porter and other preparations containing saccharine ingredients, and its introduction into this country could not fail to be profitable.

#### NEWSPAPER RECOMMENDATIONS OF SECRET REMEDIES.

THE *Daily Advertiser* of January 9th contains a reply to some remarks in a late number of the *Journal* (Dec. 27th) on the subject of "Newspaper Recommendations of Quack Medicines," in the course of which we took occasion to express our regret that that paper should adopt a practice which is universally condemned by the respectable portion of our profession, for reasons which we endeavored to set forth.

The courteous language employed by the *Advertiser* demands our thanks, though we fail to be convinced by its arguments. The state of the matter, in our view, is this:—a great deal of harm is done by advertised patent medicines and nostrums; the immense quantity of them which is swallowed by the public cannot fail to be detrimental to the health of the community, while any encouragement to their sale tends to retard the progress of the science of medicine in one of its most important departments, the application of remedies to the treatment of disease. It is characteristic of the unenlightened to desire a specific for the cure of every disease; and hence one of the difficulties in the practice of medicine is to *prevent* our patients from taking

drugs. The intelligent physician knows that a specific hardly exists in medicine ; that the action of remedies is not so much to directly effect a *cure*, as to remove obstacles to that tendency towards restoration which is inherent in the diseased organization. While medicine is of great utility in the treatment of disease, no two diseases, and almost no two cases of the same disease, are ever treated exactly alike, because there will usually be such a variation in the symptoms as to require some change in the treatment. Hence it is incorrect to talk of the *cure* of a disease by any one remedy (with the single exception, perhaps, of cinchona in intermittent fever), and absurd to propose to apply one medicine exclusively, to two or more distinct diseases.

We have nothing especial to say about the preparation which was the source of the present controversy. We never imagined that it contained any ingredient of a dangerous character, although we are skeptical as to its virtues as a specific for the diseases which it professes to cure. It is the general principle of bringing into notice secret remedies, and encouraging the prevailing tendency to rely upon the indiscriminate employment of drugs for the cure of disease, which we object to.

The editors of the *Advertiser* complain that we have unfairly selected them as targets for our attack. No "attack" was intended, but only a remonstrance, which was addressed to them, as we have before said, simply in consequence of the high standing and wide influence of their paper. As to those journals "which prostitute their columns to an indiscriminate praise of all nostrums," their influence is not sufficiently extensive, nor their character sufficiently respectable, to deserve notice from us.

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#### THE AMERICAN MEDICAL SOCIETY IN PARIS

WE have received a copy of the Constitution of the above Society (the active members of which are composed of the American physicians and students residing in Paris) accompanied by a letter, stating its objects, and appealing to the profession in this country to further its interests, by forwarding copies of books and pamphlets on medical subjects, published in America. After complaining of the want of appreciation on the part of French medical men of the labors of the profession here in advancing the condition of medical science, the letter states that "the American Medical Society in Paris has, by the facts which it has furnished from time to time to French medical authors, contributed in a measure to dissipate these mal-appreciations, and has thus succeeded in introducing into French works flattering notices of the successes of American surgery—successes of which the eminent French authors had no previous knowledge, and which would never have found a place in their works but for the existence of the American Library at Paris.

The committee, therefore, appeals to the profession in the United States, to authors and publishers especially, to send contributions to the library of 'The American Medical Society in Paris.'

All books should be addressed to the care of Mr. Bossange, bookseller, No. 138 Pearl Street, New York, through the kindness of whom they will be forwarded to their destination.

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#### LECTURES ON ANATOMY, PHYSIOLOGY AND THE LAWS OF LIFE.

DR. SAMUEL KNEELAND, Jr., of this city, has nearly completed the delivery of a course of lectures on the above subjects, and we learn that they have given entire satisfaction to those who have listened to them. It has



been suggested that the course be repeated, and we believe that it might be, with great advantage. Dr. Kneeland is well known to the profession as a thorough anatomist and an accomplished and ready writer. His lectures have this advantage over most popular ones on such subjects, that they are entirely reliable, and, what is of great importance, free from anything which could pander to a morbid and prurient curiosity, too often catered for by itinerant quacks and adventurers who advertise that they will discourse "to the ladies" at such a time, and "to gentlemen" at another.

If the course we refer to, by Dr. K., be repeated, we hope that many new hearers will encourage the industrious lecturer by their presence. The lectures deserve, moreover, a higher fee, and we hope that applications enough for tickets will be made to warrant the taking of a larger hall.

*Medical Miscellany.*—In the city of Lynn, Ms., as in Boston, the number of deaths in 1855 was less than during the three previous years, while the births have increased one sixth above the highest number in former years.—Mrs. Hannah Bennett, aged 100 years and 11 months, died in this city on Friday last.—The officers of the State Medical Society of Pennsylvania are making praiseworthy exertions to have County Medical Societies organized in those portions of the State in which they do not now exist.—Some of the Swedish physicians have been very successful in treating skin diseases (particularly chronic eczematous eruptions) by the external use of cod-liver oil.—Sweet whey has been advantageously used by Dr. Lowenthal in cases of pertussis—dose at first, half a tea-spoonful several times a day.—In the three principal towns of Scotland, in October last, the births were at the rate of 1 for every 27; deaths, 1 for every 23; marriages, 1 for every 126 persons; 49 per cent. of the deaths were under 5 years of age. In Edinburgh and Aberdeen, 14 per cent. of the deaths were from scarlet fever, and in Dundee 12 per cent. from smallpox.—Prof. Stone, of New Orleans, says of yellow fever: "It is a self-limited disease; it is not to be treated—it is to be managed. All that is to be done is to keep the patient alive for a certain time, and he will get well."—A case of drowning is reported in the Ohio Med. and Surg. Journal, in which, after being in the water 1½ minutes, the body was subjected to the usual restorative means, but without effect, and then left as dead. *An hour afterwards*, further efforts were made by another individual, and continued two hours, producing some action of the nervous system, and an audible groan, but life was not saved.

*Communications received.*—Case of Stricture of the Urethra treated by External Division, at the United States Marine Hospital.—Oedema in Intermittent Fever.—Case of Foreign Bodies in the Rectum and Vagina.—Tertiary Syphilis.—Excision of the Elbow-joint in a case of Lacerated Wound of the Articulation.—Case of Muscular Contraction of the Arm from a blow upon the Elbow.—Malaria, its Causes and Effects, No. III.—On the Changes in the Cervix Uteri during Pregnancy.—Case of Retroversion of the Uterus.

**DIED.**—In Realejo, San Salvador, Central America, Frederick Heywood, M.D., son of Dr. Benjamin F. Heywood, of Worcester, 30.

*Deaths in Boston* for the week ending Saturday noon, Jan 12th, 71. Males, 37—females, 34. Accident (by chloroform), 1—apoplexy, 1—inflammation of the bowels, 1—disease of the brain, 1—burns, 1—consumption, 14—croup, 2—dysentery, 2—diarrhoea, 1—dropsy, 2—dropsy in the head, 5—debility, 3—puerperal disease, 1—epilepsy, 1—erysipelas, 1—typhoid fever, 4—scarlet fever, 2—lockjaw, 1—disease of the heart, 1—disease of the kidneys, 1—inflammation of the lungs, 3—disease of the liver, 2—marasmus, 4—measles, 4—old age, 3—palsy, 1—pleurisy, 1—sore throat, 2—smallpox, 1—scarlatina, 1—scalded, 1—teething, 1—unknown, 2—whooping cough, 2.

Under 5 years, 30—between 5 and 20 years, 7—between 20 and 40 years, 18—between 40 and 60 years, 6—above 60 years, 10. Born in the United States, 51—Ireland, 19—Germany, 1.

*Nux Vomica as an Aperient.*—Among the conditions over which *nux vomica*, and its active principle, strychnia, possess most useful powers, is that of habitual constipation, from muscular atony of the intestinal tube. At the City Hospital for Diseases of the Chest, we observe that Dr. Peacock and Dr. Andrew Clark are both in the habit of frequently resorting to it for this purpose. It is generally given in combination with the compound rhubarb pill, and in doses of the extract of from a sixth to half a grain. Of itself it can, perhaps, scarcely be deemed an aperient—that is, it does not so much excite peristaltic action, as supply tone to the weakened muscular coat, by which it is enabled to respond efficiently to other irritants. Hence the need for combination with rhubarb, aloes, or some similar drug. Dr. Peacock mentioned to us a case under his care in St. Thomas's Hospital, in which a man of feeble intellect, and torpid nervous system generally, had derived great benefit from its employment. At first, the bowels were obstinately costive, and lavements produced no action; but since the use of the *nux vomica* (twice daily, gr. ss.) they have so far increased in power and susceptibility, that simple injections are quite sufficient, and procure all the action that is necessary.—*London Med. Times and Gaz.*

*Nitric Acid and Sulphur as an Escharotic.*—Mr. Cock has recently been employing, in some cases under his care, in Guy's Hospital, as an escharotic, a compound of nitric acid and sulphur. A paste is made by mixing the strongest nitric acid with sublimated sulphur, until of a proper consistence. This paste is applied to the diseased surface, the surrounding parts having been protected by plaster, as when chloride of zinc is used. The mixture does not run about. It appears to give less pain than the nitric acid alone, and acts longer, producing more of an eschar. In one case Mr. Cock employed it to remove a prominent mass of granulations in fungous testis, and it succeeded well. A cure, however, did not result, as a subsequent attack of inflammation aggravated the condition. We understood Mr. Cock that the formula had been suggested to him by Sir Benjamin C. Brodie.—*Id.*

*Punctured Wound of Pericardium—Recovery.*—A case occurred to Mr. Erichsen, in which a man, stabbed with a knife in the fourth intercostal space, over the heart, presented the symptoms of wound of this organ, viz.:—face pale and anxious, pulse 112, respirations 28 and painful, &c. He was actively treated by local depletion, calomel, and rest, with success.—*N. Y. Journal of Medicine and Collateral Sciences.*

*The Boy with a real Tail.*—This phenomenon seems lately to have superseded the sea-serpent in the public interest. Dr. Kahn, of London, who thought to have secured the case for his museum, sent a telegraphic message lately to Middlesboro', but it was found the boy, or the tail, was *non inventus*. Mr. Paget, of London, not given to quackery, lately removed a tail from a boy at St. Bartholomew's, and said, in public, he was satisfied the boy would earn a guinea a day by its exhibition, so deplorable was the rage now for such things, and so much were these quackeries supported by the press.—*Dublin Med. Press.*

*The Consumption Hospital.*—The Trustees of the Consumption Hospital held a meeting in the Sixpenny Savings Bank, on Monday evening, when they elected the following Committees:—

*Finance*—George D. Phelps, Henry M. Schieffelin, William Dennistown.

*Supplies*—William Miles, William Hoyt, Thomas D. Andrews, M.D.

*Executive*—Alonzo Clark, M.D., John H. Griscom, M.D., Edmund Dwight.

Dr. John H. Griscom submitted the draft of an appeal to be made to the citizens, in behalf of the proposed institution. This appeal asserts that all the hospitals now existing in this State are calculated for acute diseases of a short nature, and that those suffering from consumption and various diseases of the air passages cannot be properly cared for in them. Among the other advantages claimed for the proposed institution was the means it would afford for a thorough knowledge of the fatal disease for whose treatment it would be devoted. Dr. Griscom also stated that he had ascertained that at least 10,000 persons, who had diseases of the heart, applied to the dispensaries of this city for relief.—*New York Times.*



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## REMARKS ON THE TREATMENT OF YELLOW FEVER.

BY EDWARD JENNER COXE, M.D., NEW ORLEANS, ONE OF THE VISITING PHYSICIANS OF THE CHARITY HOSPITAL.

[Communicated for the Boston Medical and Surgical Journal.]

OF the diseases incident to New Orleans and adjoining regions, the Yellow Fever may for various reasons be justly regarded as first in importance. The treatment has for many years been considered to possess a peculiar local interest ; but the recent appearance of the disease in distant places, in some of which it had been previously unknown, and in others, as Norfolk and Portsmouth, of rare occurrence, necessarily enhances the importance of everything appertaining to the subject. As it is beyond the power of man to say how far the cause or causes of this disease may extend, or when, in any place, it may appear, I have thought the following remarks might not prove uninteresting. It is not my intention to notice those long disputed, yet interesting and important points, the origin, mode of extension or communication, the contagious or non-contagious character of this fever, my main object being to detail the plan of treatment which I have pursued for several years, with a degree of success that has continued throughout each succeeding season of its occurrence, and therefore has induced me to regard it as adapted to the disease and deserving of promulgation.

In no part of the treatment, will there be found any striking novelty to many ; but, pursued as a system, and believed equal to the successful management of the disease, as generally presented, I hope to show that it possesses the power of preventing the appearance of most, if not all, of the unfavorable and dangerous symptoms of usual occurrence, whether of the stomach, the brain, or the kidneys. In this disease, as in all others, no one doubts the existence of a greater or less intensity of symptoms, at the outset, nor the tendency exhibited of displaying a serious local determination to the stomach in particular, although the brain and the kidneys are frequently affected. It might reasonably be supposed, considering the frequent and abundant opportunities of witnessing yellow fever in this city, that some course of treatment should have received the approbation of all the profession ; but the temporary reign of the

abortive or quinine treatment, which although by some still lauded, is now more guardedly spoken of, and less confidently recommended; the frequent or indeed uniform failure of the much vaunted muriated tincture of iron, with a similar failure of any one remedy, proposed as a specific for the cure of the various symptoms of this disease, prove that uniformity has not yet been exhibited, and in all probability never will.

In the treatment of yellow fever, in this city, it is universally conceded that the prospect of success is just in proportion to the promptness with which it is commenced, after the invasion of the first symptoms, however slight such may be. Delay here is always dangerous, frequently fatal.

The philanthropic visit of Dr. Fenner to Norfolk, during the past summer, enabled me, in taking charge of his wards in the Charity Hospital, to witness the disease in its various stages and intensity, with the result, as to the number of cures, far greater than could be looked for, when the general character and habits of most of those admitted, and the frequently advanced stage of the disease when admitted, combined with causes incident to the congregation of many in the same ward, are taken into consideration.

Individuals about to pass their first summer in New Orleans, evince a natural anxiety to be informed as to the possibility of so living that an attack of the acclimating fever may be prevented. As far as my observation extends, the strictest attention to the rules or laws for preserving health, will not, with any certainty, here suffice, although it is an admitted fact that the more strictly such well known, yet neglected laws are followed, the better grounded and more certain hope may be entertained of a successful issue, in case of an attack.

The following remarks of the late Dr. Harrison, of this city, in reference to this point, are taken from his valuable treatise on Yellow Fever, recently republished in the *New Orleans Hospital Gazette*. He says, "We will suppose a person who has been protected in the best way possible from those obvious causes of disease which may affect the health of any person. He is well lodged and clothed, he is temperate in his diet, and is careful not to expose himself to the hot sun, to wet weather, or the night air; he is abstemious with regard to alcoholic liquors. These precautions avail him little. In the midst of excellent health, he is stricken down. He experiences a rigor which sometimes ends in a violent ague. In a few hours, a burning fever comes on, with distressing pain in the head, back and limbs. The tongue, however, is as yet moist, and the urinary secretion copious; but the eyes are generally dull, heavy, and intolerant of light."

If to the above symptoms be added a frequent pulse, thirst, the eyes injected and of a dirty hue, with pain often present on pressing upon the epigastric region, we have the ordinary symptoms at the commencement of an attack of yellow fever. Frequently, in from twelve to fifteen hours, nausea and vomiting may occur. The



bowels are generally confined. This febrile condition may vary in duration from fifteen to thirty-six hours, or longer, when there will generally be observed an evident remission, which may proceed to a gradual subsidence of the disease, and a state of convalescence, or it will assume a more violent and serious character; this in a measure, in many cases, depending upon the impression produced by the treatment already had recourse to. Among the symptoms presented, there is a peculiar expression of the countenance, and appearance of the eyes, by some considered peculiar to this fever, but I am certain that in many cases these are not well marked. When we consider that all of the above most constant symptoms of yellow fever, are equally present in the beginning, or first stage of other fevers, which do not run an equally rapid course, are we not warranted in asserting that there is not a single purely diagnostic symptom of yellow fever, when occurring at the commencement of the season in which this fever may naturally be looked for? Upon this point, evidence of the most positive character could be adduced from the recorded opinions of those long versed in this disease, was such considered necessary. There is, however, one symptom peculiar to this disease, which, once present, removes all doubt, and that is the black vomit. This, however, occurring almost invariably towards the termination of the fever, comes at too late a period to afford any satisfaction as a diagnostic symptom. In reference to the black vomit, it may be remarked that within the last few years recoveries after its occurrence have been more frequent than in former years, when it was regarded as a necessarily fatal sign, and that it cannot at the present day be looked upon as other than a most unfavorable, if not a generally fatal symptom.

In the Charity Hospital, the past season, there occurred several fatal cases of yellow fever with black vomit, in which but few of the usual precursory symptoms were well marked, and indeed where, prior to its appearance, no little doubt was entertained by several physicians, as to the true nature of the disease.

There is still another sign, as a consequence of yellow fever, and almost peculiar to it, which is the excessive prostration of physical strength, convalescence being fairly established, and this without regard to the violence of the attack or the duration of the disease. To be thoroughly understood, this must be experienced.

Kept in remembrance, this may be considered in the light of a warning to avoid the unnecessary waste of the *vis vitæ*, by general or local bleeding, which unless imperiously demanded, as in certain cases it may be, will most generally be judiciously refrained from. As far as the successful treatment of yellow fever is concerned, everything indicates most emphatically the stomach as the organ especially to be kept in view, when called to treat a case. The brain, it is true, is often either primarily, or secondarily, seriously affected, and hence the loss of blood, whether general or local, or both, may be required; but to resort to this to relieve the headache so uniformly complained of, is in my opinion quite unnecessary, for, as a

general rule, I find this to disappear or cause but a trifling uneasiness, in the course of from twelve to fifteen hours after the invasion of the disease, or the commencement of the treatment.

As regards the pain of the head invariably complained of, it has appeared to me to be almost entirely of a nervous character ; and as my experience has convinced me that it will be removed in a short time, I prefer the course to be noticed, which thus far I have seen no reason to change.

In reference to this pain of the head, I do not imagine it will be denied, that large doses of quinine, however favorably the medicine may appear to act in other respects, have a strong and general proneness to produce an unpleasant, if not a dangerous impression upon the brain, or increase it if existing. This complicated pain of the disease, and the remedy, is by no means easily or quickly removed, or the consequences averted.

Called to a case of yellow fever presenting the symptoms above noticed, the following indications have appeared to me to be clearly pointed out.

First. To be convinced of the actual condition of the *primæ viæ*, the stomach and bowels, by the exhibition, at as early a period as possible, of a mild remedy calculated to excite the liver and produce several discharges from the bowels.

Second. To endeavor to prevent, lessen, or remove, any determination to the brain, to counteract the morbid condition of the blood, generally believed to exist, and to lessen the predisposition of the stomach to an increased morbid condition, by determining in various ways to the surface of the body, thus producing and maintaining a greater or less amount of perspiration, depending upon the severity of the symptoms, and through that important emunctory, the skin, to diminish and finally remove the febrile condition, without the hazard of producing the prostrating or exhausting effects, an almost necessary consequence of the disease, and certainly still more apt to result from general bleeding.

In actual practice, these indications are simultaneously enforced, but for the more complete elucidation of the means to be noticed, it will better conduce to that end by noticing each separately.

Before specifying the means by which these indications are fulfilled, the following extracts from Erasmus Wilson on the skin are introduced, not because they are not generally known, but that the practical application naturally flowing from such facts is not in general as much regarded in the treatment of some fevers, as their due consideration appears to indicate.

He says, " To obtain an estimate of the length of tube of the perspiratory system, of the whole body, I think that 2,800 might be taken as a fair average of the number of pores in the square inch, and 700, consequently, of the number of inches in length. Now the number of square inches of surface in a man of ordinary height and bulk is 2,500. The number of pores, therefore, is 7,000,000 ; and the number of inches of perspiratory tube, 1,750,000 ; that is,



145,833 feet, or 48,600 yards, or nearly 28 miles." Again, "The perspiratory system of the skin is one of the usual channels by which excess of water is removed from the blood, and in effecting this purpose, the perspiratory function becomes a regulator of the temperature of the body." Again, "The regulation of the temperature of the body is only one of the purposes fulfilled by the perspiration; another, and an important one, is the removal from the system of a number of compounds noxious to animal life."

In addition to the above, the following, from Carpenter's Physiology, may justly be considered as affording strong reasons for justifying, theoretically, the principles of treatment, which in practice have been fully realized.

The experiments and observations were made by Dr. Southwood Smith, at the Phoenix Gas Works, upon eight of the workmen employed in drawing and charging the retorts, and in making up the fires, during which they are exposed to intense heat. The men were accurately weighed in their clothes immediately before they began and after they had finished their work; and in the interval between the first and second weighings, they were not allowed to partake of any solid or liquid ingesta, nor to part with urine or fæces.

Experiment 1.—Day bright and clear. Temperature of the air in which the men worked, 60° Fahrenheit. Duration of labor, 45 minutes. Average loss of weight, 3 pounds, 6 ounces. Maximum, 4 pounds, 3 ounces. Minimum, 2 pounds, 8 ounces. Experiment 2.—Day foggy with scarcely any wind. Temperature of the air, 39° Fahrenheit. Duration of labor, 75 minutes. Average loss of weight, 2 pounds, 2 ounces. Maximum, 2 pounds, 15 ounces. Minimum, 14 ounces. Experiment 3.—Day exceedingly bright and clear, with little wind. Temperature of the air, 60° Fahrenheit. Duration of labor, 60 minutes. Average loss of weight, 2 pounds, 8 ounces. Maximum, 3 pounds. Minimum, 2 pounds. Experiment 4.—On the same day, two other men worked in an unusually hot place for 70 minutes; the loss of weight of one of these was 4 pounds, 14 ounces, and of the other, 5 pounds, 2 ounces.

What stronger proof can be required or adduced of the powerful influence resulting from an increased action of the perspiratory organs of the whole body in a state of health? Does it not, therefore, follow as a necessary consequence, that in a febrile condition this grand natural outlet, freely yet judiciously called into action, and continued for a longer or shorter time, as may be required by each case, is fully adequate to gradually overcome the fever, prevent, or remove local determinations, or congestions, without causing that destructive prostration of the *vis vitæ*, so much to be apprehended? It is true that no little prostration is experienced after pursuing the advocated course of treatment, and to be expected as a natural result of the disease, but I have observed, that convalescence and returning strength follow more certainly and speedily, than in other cases, and unquestionably with far less frequent instances of relapse, or drawback.

Upon this point I do not consider it necessary to dwell longer, and will proceed to detail the various means by which the specified indications are fulfilled.

[To be continued.]

## FOREIGN BODIES IN THE RECTUM AND VAGINA.

BY CHARLES BELL, M D.

[Communicated for the Boston Medical and Surgical Journal.]

This case occurred in May, 1855. The subject was robust in appearance, æt. 43, and unmarried. She complained of pain and tenderness in the lower portion of the abdomen, causing her to flex the lower extremities, throw the head in an opisthotonic attitude, and make other signs of suffering. I could find no change of structure or function to corroborate her complaints. Her countenance was good, tongue clean, heart tranquil, bowels soluble, appetite good, and she was quite fleshy. I was informed that she had been an invalid for a long time, and that in previous years a physician had prescribed small pebbles for a habit of constipation; since which she had passed at various intervals, *per vaginam* and *anum*, concretions and calculi, some of which were very large. A substance resembling rotten-stone, or dark clay, which was two inches in diameter and three in length, was said to have passed *per anum*. She also complained, during my visit, of pain and burning in the urethra and vagina, and on introducing a speculum I found some pebbles of quartz deposited near the os uteri, and a slight ulceration of the posterior labium, which was cured by a few applications of potassa cum calce. The patient wished me to understand that these pebbles passed from the bladder, causing most intense agony; that they were the identical stones she had taken years before for constipation, although there was no indication of a vesico-intestinal fistula; and she did not account for their being found three inches above the meatus of the urethra. A short time subsequently, I was called again, and was told that on the day before three enormous concretions had passed her *per anum*, and that now another had *descended* to the rectum, and owing to its size, she could not extract it by the same means she had used, and wished me to do something for her. On examination, I found the concretion almost beyond reach in the rectum; and every movement of the patient, and every attempt of mine to reach above it with an instrument, pushed it towards the sigmoid flexure. I succeeded at length, with a blunt hook, expanded at the extremity like the bowl of a small spoon, in extracting the substance, to which adhered some mucus, and the lard, probably, used in lubricating it to facilitate its passing the sphincter.

Prof. Draper, of New York, has given me the following result of his analysis of a portion of the specimen.

“It appears to me, that the specimen must have been introduced into the rectum, for it has none of the characters we should expect



to find in a body likely to occur there naturally. It is a soft mineral, which is permeated with an animal oil. Before the blow-pipe, its organic substance burns away and leaves a residue not acted upon with nitric acid. During the burning, the odor emitted corresponds to that of a burning fat."

From the above remarks, and what I know of the case besides, I do not hesitate now to state my opinion that the substance in question is *rotten-stone permeated with lard*. The patient has had numerous large plugs of this substance taken from her rectum, and a great quantity of pebbles from her vagina, enough perhaps to make several pounds in weight. The imposition in the case of the pebbles was too apparent for the necessity of any chemical analysis.

I am now informed that the same patient has had taken from the region of the stomach, abdomen and left side, about *seventy* needles and a *headless pin*, "supposed to have been swallowed in a fit of insanity about twelve years ago." Now, although "she is said to be a woman of truth," I strongly suspect her of having imposed upon some credulous people in this matter of the needles also. It is doubtful whether needles would retain their form in the system during twelve years. It is much more probable that they would be changed from the carburet to the pulverulent oxide of iron in half the time by the fluids of the tissues. Should they be extracted, however, after remaining some time impacted in the structure of the body, they will undoubtedly present a very corroded appearance. I have repeatedly cut down upon needles in the thighs of infants, and I have found them in the arms, wrists and hands of individuals who did not know, although they suspected from the sensation, and from having received a prick previous, that these bodies were present. I remember to have taken a portion of a needle from the middle finger of a girl 15 years of age. It had been in her finger, as she supposed, three months, and its surface was so roughened and eaten into by oxidation during that short period, that I extracted it by strong forceps with great difficulty.

A gentleman in this town informs me that he has seen an individual insert pins up to the head through the tissues of the leg. This could be effected without much dexterity or suffering. A fine, sharp-pointed needle may be introduced obliquely into the body with great facility. Should it be found that the blunt extremities of needles presented on the surface, that they were only blackened or slightly oxidized, and the position was oblique, it will be quite safe to regard them as having been introduced from without.

*Nantucket, Jan. 1856.*

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#### MALARIA, AND ITS CAUSE AND EFFECTS.—NO. III.

BY C. D. GRISWOLD, M.D.

##### *Nature of Malaria.*

THE intangible nature of malaria has already been alluded to. We only know of its existence by its effects, yet from these we can draw

certain conclusions with regard to its nature and habits. Accustomed as we are to judge of things from their sensible properties, it is very natural that doubts should exist in relation to an agent that we can neither see, feel, taste, smell or demonstrate by chemical reagents. Such being the case, the investigation of malaria falls entirely upon the intellect, and hence becomes a subject of close observation and study.

The atmosphere of places well known to be infected has often been examined by every means chemical science or human ingenuity could devise, yet without revealing any change in its constituents, or the discovery of a distinct agent mingled with it that could be demonstrated as the cause of fever. From these examinations, it has been satisfactorily proved that the atmosphere does not undergo any morbid change, or in other words, that malaria is not bad air. The two principal constituents, oxygen and nitrogen, are always found to bear the same relative proportions, and possess the same well-defined properties in all cases. Any change in these could be readily detected; and moreover their effects, if altered in quality, would be likely to interfere with the growth of vegetation, in which oxygen is as essential as it is in the functions of animal life.

Like the aroma of flowers or odor of decaying substances, malaria is too insensible to be detected by tests; yet unlike these it is not perceptible by any one of the human senses, and in this respect becomes more nearly allied to the infectious principle of smallpox, scarlet fever, mumps, whooping cough, and many other poisons which become diffused through the atmosphere and produce disease. The fact that the occupants of dwellings in elevated situations are less liable to malarial diseases than those who live on low grounds, and that upper rooms offer an exemption to the occupants, would seem to prove conclusively that malaria is more dense than the atmosphere. These examples afford no positive evidence, however, as sometimes the situation seems to have no influence whatever. When a dwelling is in the direction of prevalent winds from low grounds calculated to develope malaria, it will be wafted to very high situations.

The best protection against the progress of floating malaria is a barrier of thickly-growing trees. These not only break off the currents of air loaded with malaria, but the vegetation absorbs the poison. On the other hand, if a house is thickly embowered with trees and shrubs so as to render it damp, it may by this means be made more unhealthy than otherwise. Not that damp generates malaria in a dwelling, but the occupant exposed to this poison from without, will have it developed in the system until it results in fever, by living and sleeping in apartments rendered humid by being excluded from the sun. Any cause that renders a dwelling damp increases the liability of the occupant to malarial disease, upon the same principle. I have often observed that houses constructed of brick are much more unhealthy, in malarious districts, than those



built of wood. Filling in with brick between the plastered walls and outside covering, also tends to the same effect. This may be obviated, in a great measure, by leaving a space between the inside wall and the brick. Careful observation will show that these considerations are more important than they at first may appear. Brick absorbs a vast amount of moisture before it becomes sensible, and this will be communicated to the atmosphere of apartments in a house constructed of this material, to a greater or less extent, and will show itself in the development of mould and the accumulation of mist upon the window panes in warm weather. A new house, not thoroughly dry, is well known to be very detrimental to health anywhere, and especially in malarious districts. I have known houses to be abandoned as unhealthy, to the great detriment of the owners, when they were only temporarily so from this cause.

Some years ago I moved to a town in Wisconsin, situated on the shore of Lake Michigan, and occupied a brick house which I deemed myself very fortunate in being able to secure. Very soon a warning came from one of my neighbors to the effect that the house was very unhealthy, so much so that no family had ever occupied it without suffering from sickness, although it had been frequently let and abandoned. Its appearance would seem to indicate one of the most healthy in the place, and having friends immediately across the street who had always found the district healthy, I dismissed the reports as unworthy of attention. I soon had occasion to notice the accumulation of moisture on all the windows during the night, when the temperature out doors became lower than that kept up within. Within a few weeks the predictions were fully verified. Of the four members of my family all were sick with malarious fevers of a severe type, and within three months one was borne to the grave from that house, and another lived to be removed to a distance, but never recovered fully, and finally paid the penalty in a lingering disease and death. I have often wished to know the further history of that house, but never cared to go back to find it out. I had no thought or suggestion of the house being unhealthy in consequence of the brick from which it was constructed, and not until I had seen repeated instances of brick dwellings being more unhealthy than those constructed of wood, did I believe such to be the case. How far these observations are sustained by the experience of others, I am unable to state; they, however, are only applicable to malarious districts, and probably to isolated dwellings in the country or small towns. My observations have been confined to the borders of the sea coast and inland lakes, yet I have heard of the same results in inland towns. From these observations it would seem that a damp atmosphere in a dwelling will develop malarial disease in the system when insufficient to affect it under other circumstances, in the same manner that exposure to cold, wet or excessive fatigue will sometimes produce the same result.

A very general opinion among the natives of the Central American States is that water is prejudicial in the fevers of that country,

either taken internally or for bathing purposes. So confident are they of its injurious effects, that they will not admit its use even for washing the hands or face while affected with fever. When in health they however frequently resort to bathing in the streams, especially in the cool of the morning. When exposed to rain, their mode of protection from its evil effects is to strip naked, or as nearly so as decency will admit, in which, however, they are by no means scrupulous. Some have supposed that this practice was for the purpose of protecting their scanty covering and not their bodies, but I was told that they regarded the rain falling directly upon the skin as less prejudicial to health than the effect of a wet garment.

I have generally found that water taken into the stomach in malarial fevers would induce irritability of that organ, and frequently persistent vomiting, and that the tongue would become coated and much dryer than when abstained from; consequently I have usually found it necessary to interdict its use altogether. There is certainly a very intimate relation between moisture and malaria, and the question offers a field for a more thorough inquiry than I am able to give it in the space of these papers.

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#### CURIOUS CASE OF MUSCULAR CONTRACTION OF THE ARM AND FORE-ARM IN CONSEQUENCE OF A BLOW UPON THE ELBOW.

BY E. K. SANBORN, M.D., LOWELL, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

Miss B——, about 20 years of age, an operative in one of the cotton mills in this city, while engaged about her loom, on the 10th of November last, received a smart blow from the “beam” on the inner side of the elbow, directly over the course of the ulnar nerve. The blow was not sufficiently severe to break the skin or to leave any mark; but on getting the arm out of the machine, the hand was found to be forcibly flexed upon the forearm and abducted to its fullest extent towards the ulna. The fingers were straight but rigid, the forearm immovably fixed at right angles with the arm.

In this condition the patient was brought to my office. With a good deal of force *gradually* applied, the limb could be brought into natural position; but on removal of the force, contraction took place at once. As forcible extension was attended with considerable pain, chloroform was given, and complete relaxation took place as soon as the patient was completely under its influence, but not before. The first effects of chloroform seemed to be rather an increase of the rigidity. As the patient came out from the influence of chloroform, the limb contracted as before. It should be mentioned that there was no *numbness* in any part of the limb.

Judging from these trials that some injury had been done the nerve at the point where the blow had been received, the arm was allowed to remain in its unnatural position, and anodyne fomentations ordered to be kept constantly applied to the elbow.



Nov. 14th.—Four days after the accident. Patient in very much the same condition. The rigidity is more marked in the elbow-joint. Biceps hard and protuberant. With considerable difficulty straightened the arm and hand, and applied a straight splint for the purpose of keeping the limb extended.

15th.—Was called in haste to the patient yesterday, some hours after the application of the splint. Found her in great suffering and alarm, in consequence of her head being forcibly drawn down to the shoulder of the affected side. The muscles of the shoulder, neck and arm were now all in a state of rigid contraction, causing the most painful distortion. Sulphuric ether was at once administered, and relaxation of the muscles took place as before; but as soon as the effect of the ether passed off, the contraction recurred in the arm and hand, though the head and neck remained free.

20th.—Improvement in the arm is very trifling. Friction with liniments, galvanism, &c., have been tried without any marked effect. Have been obliged to give ether several times to relieve the contraction of the muscles of the neck. Each time the head has been drawn down it has been in consequence of accidentally hitting the inside of the elbow.

25th.—The arm is improving, though still useless. For the last week, I have been practising forcible and rapid extension and flexion. While doing this, have noticed that there is as much difficulty in rapidly *bending* the arm as in *straightening* it. Within the past week the patient's head has been drawn down to the shoulder twice, in consequence of having hit the elbow accidentally. Have been obliged to administer ether as before to relieve her.

From the last date to the present time (Jan. 2d) the improvement has been gradual. The patient has now fully recovered the use of her arm, although within two weeks she has been obliged to take ether to relieve the muscular contraction of the neck and arm, brought on by hitting her elbow.

Cases of muscular contraction from blows over the tracks of nerves, as in the case above given, must be extremely rare. Temporary paralysis frequently follows pressure or blows on nerves; but it will be noticed that numbness was never complained of in the case just related.

The sympathetic contraction of the muscles of the neck and shoulder is also a noticeable feature in this case, and is accounted for by the fact of these muscles being supplied with nerves having a common origin with the ulnar.

In *Braithwaite's Retrospect*, No. XXIV., page 164, is an account of a case somewhat like the one now given, though it was much milder in character—lasting but a few hours.

**Hospital Reports.****MASSACHUSETTS GENERAL HOSPITAL.**

*Case of Epulis.* Under the care of Dr. CABOT. Melissa B., æt. 21, entered the Hospital Dec. 1st, 1855. She dates her disease from August, 1853, when she noticed that the inferior middle incisor teeth were loose, and very soon discovered just behind, and apparently growing out from between them, a tumor as large as the tip of her finger. Somewhat later, the disease appeared anteriorly, and in this position, it had attained the size of a small pea, when an operation was performed, early in the winter of 1853-54. The two middle incisor teeth were extracted, and a mass, as large as a walnut, removed.

The wound failed to heal completely, but the disease remained quiet until June, 1854, when it re-appeared and increased gradually until it had become about as extensive as at the time of the first operation, having grown with more rapidity posteriorly than anteriorly. In Nov. 1854, a second operation was performed; but as before, no portion of the jaw was removed.

Hardly had the healing process commenced, when the disease appeared a third time, and has continued to advance with an increasing rapidity.

The successive growths have had several characteristics in common. They have been of a dark blue or purplish color. Although generally painless, they have been excessively tender, and the contact of hard substances has caused severe, deep-seated pain.

According to the patient's account, there has always been a decided tendency to hæmorrhage, and it has frequently arisen from the use of a tooth-brush. General health has always been good, and the disease has been rather a mechanical inconvenience than anything else.

Now, the mass fills the space between the lateral incisors, and posteriorly spreads out into an elongated form, half as large as an English walnut. Anteriorly, it projects but little, and is about the size of the tip of the little finger.

Patient having been etherized, Dr. Cabot extracted the lateral incisors, and the canine of the left side; he next made an incision down to the bone, on the front of the jaw, and beneath the disease. With bone-forceps, he then removed the whole mass, and together with it, a considerable portion of the jaw which supported the teeth extracted at this and the first operation. The bleeding was considerable, but was easily arrested by placing a small sponge in the wound.

Dec. 8th. The patient has been very comfortable. The wound now shows healthy granulations, and the healing process seems to be progressing favorably. At her request she was discharged.

The following description was furnished by Dr. B. S. SHAW.

*Myeloid Epulis.* Removed by Dr. CABOT, at Hospital, Dec. 1, 1855. Tumor measured one inch in length, and half an inch in thickness and depth. It originated in the bone, two small fragments of which were removed with it. It was of pretty firm or fleshy consistence, resembling in color and firmness the tissue of the human heart, and presented, on section, a smooth, uniform, moist surface, with no appearance of fibres.

Under the microscope the minute structure was found to be as follows, viz: 1. The bulk of the growth was composed of plates, closely studded with nuclei. The plates were of irregular shape, rounded, oval and angular; the nuclei, from ten to twenty—five in each plate, were generally oval



and containing small nucleoli. The plates were very granular, in many the nuclei being obscured on this account. 2d. Cells of irregular form, some fusiform, containing similar nuclei. 3d. Free nuclei, generally oval, with pale contour, and small nucleoli.

This description of the tumor corresponds precisely with the description of myeloid tumors given by Paget in his work on Tumors, lecture viii., part 1. The plates, cells and nuclei are the same as those found in the medulla of fetal bones (whence the name), and in this instance the disease could be traced into the fragments of bone removed. There are at least three different structures in growth known as epulis—fibrous, fibro-plastic, and myeloid—of which the fibrous is the most common.

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UNITED STATES MARINE HOSPITAL.

*Case of Stricture of the Urethra, treated by External Division.* CHAS. A. DAVIS, M.D., Surgeon. (Reported by ALPH. B. CROSBY, Assistant Surg.)

Avery Clark, a native of Portugal, 24 years of age, was admitted into the Hospital Nov. 13th, 1855. When fifteen years of age he had a chancre, which he cauterised with nitrate of silver immediately on its appearance. Has had chancres several times since, which he has treated in the same way. Has never had secondary symptoms, nor gonorrhœa. Three years ago, while on board the man-of-war Jamestown, he noticed that on passing his urine, the stream was smaller than usual. Soon after this, he discovered a small, hard lump, about the size of a pea, situated in the course of the urethra, and five inches from the *glans penis*. This increased, gradually, for ten months, and the stream of urine gradually diminished. At the end of this time, the patient ceased to pass his urine and was seized with shivering pains, intense distress in the hypogastrium, and, according to his own account, experienced great constitutional disturbance.

He was at this time on ship-board off the Cape de Verd Islands, and without medical attendance of any kind. At length, driven to desperation by intense pain, he sharpened a piece of whalebone six inches in length, so as to resemble a slender stiletto, and introducing it into the urethra as far as the point of obstruction, forced it through with great difficulty. Patient thinks he used as much force as he would have done if he had driven the same instrument through the thick skin of the palm of the hand. A small stream of urine followed this operation, attended with more or less hæmorrhage. The next day the pain and tenderness were extreme, and hæmorrhage continued at intervals during the first twenty-four hours. During the last six and twenty months, the patient has passed his water only after forcing the stiletto through this obstruction, and the stream of urine has continued very small. The indurated lump, after this operation, gradually increased in the longitudinal direction of the urethra, until the time of his admission into hospital, when it was half an inch in length, and easily distinguished externally by the fingers. Patient had been in the New York Hospital, where Dr. Buck advised an external division. Having a local preference, he came to this institution. It was found impossible to introduce a number-one sound—nothing passing but a sharp slender instrument—and it was found impossible to dilate the stricture on account of its firm, indurated character. Dr. Davis accordingly advised the patient to submit to the operation, to which he readily consented.

The patient being fully under the influence of chloroform, a tapering sound was introduced as far as practicable through the stricture, and an incision made, commencing just above the superior extremity of the

stricture. It was very much indurated, and had a hard, "fibrous cut." Being thoroughly divided, the sound passed through about half an inch, when it came in contact with still another stricture. The incision in the urethra was continued to this point, and a stricture, three lines in length, was divided. The sound then passed readily into the bladder. A catheter was introduced and allowed to remain. The wound, an inch and a half in length, was brought together by one deep suture, reaching to the mucous membrane (but not embracing it), and left to heal by granulation. Very little constitutional disturbance followed the operation, and at the end of eight and forty hours the catheter was removed. The urine then passed mainly through the wound. It was found that the latter healed much more rapidly when the catheter was carefully introduced, and the urine was drawn in this way daily. At the end of a fortnight, the wound had commenced uniting at the bottom, and at the end of another week had entirely united, save a small opening which would admit a large pin. On the twenty-third day after the operation, the wound had entirely closed, and the urine passed with a full stream through its proper channel.

Dec. 13th, the patient was discharged well, but was advised to pass a large bougie into the bladder once a week for six months.

*Chelsea, Mass., January, 1856.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION. BY  
W. O. BROWN, M.D., SECRETARY.

[Communicated for the Boston Medical and Surgical Journal.]

12th month (Dec.) 5th, 1855. Dr. ELY reported a case of sudden death from fatty degeneration of the heart.

J. K., aged 78, was an inmate of the Dexter Asylum. During the morning visit, Oct. 14th, he complained of severe pain over the heart. Examination revealed a feeble impulse and indistinct natural sounds; pulse not at all quickened; tongue slightly coated, of a yellowish color. He had taken his breakfast as usual, and slept well the night previous. The first of the month he walked to the city, spent a few days there with his friends, and indulged rather freely in drink. A mustard poultice was ordered to be placed over the heart. In about an hour after this, he died.

*Autopsy*, the next morning. The heart was of a pale color, and did not preserve its form when laid on the table; its tissue was softened and easily torn. The aortic and mitral valves and the walls of the aorta contained atheroma, as also did the coronary arteries. The left lung was enlarged and emphysematous; the upper and middle lobes of the right lung were carnified. There was nothing in the viscera of the abdomen to explain the cause of sudden death. The brain was not examined, as no symptoms pointed to it as the seat of disease.

Dr. Ely also, at the previous meeting, reported the following case of *Effusion of Blood into the Cavity of the Arachnoid*. The clot was exhibited.

E. B., aged 85, an inmate of the Dexter Asylum, on the evening of Sept. 23, had taken his supper as usual, and was as well as he had been for the past four months, during most of which time he had been confined to his bed from old age. On the following morning he was apparently sinking;



the extremities were cold, pulse feeble and indistinct, and he was hardly capable of being aroused to a consciousness of what was passing around him. Under the free use of stimulants he revived somewhat, and lived till the 26th of September. Four months previous, he was quite sick for a few days, but Dr. E. could not learn what the symptoms were at that time.

*Autopsy.*—Heart small, and rather pale and flabby. Valves thickened, but as fit for use as in most persons of his age. The walls of the aorta contained bony plates. Many of the arteries, as the radial and basilar, felt like tubes of bone. The lungs were healthy. The viscera of the abdomen presented nothing remarkable. Upon removing the skull cap and cutting through the dura mater, a clot was seen in the cavity of the arachnoid, extending from near the tentorium over all the convex surface of the brain, and under it as far back as the sella turcica; it exceeded one fourth of an inch in thickness in the thickest part. It was very firm at the edges, which were quite thin and had lost the reddish-brown color of the centre. The clot had every appearance of having been effused some time since, probably four months before death, at the time of the attack of illness before mentioned.

Dr. COLLINS exhibited a specimen of retained placenta, and gave a verbal history of the case. The retention followed the induction of intentional abortion by the woman upon her own person. She was about three months advanced in pregnancy. The placenta was retained five weeks after the abortion, and was fresh and entire. Slight hemorrhage occurred two or three times during the interval subsequent to the escape of the fœtus, and a moderate amount attended the delivery of the placenta, but this was easily restrained. Complete ante-version was found to exist, and on restoring the uterus to its natural position the placenta soon escaped into the vagina.

Dr. ARMINGTON mentioned a case which occurred in his practice, where the placenta was retained forty days after accidental abortion.

Dr. Collins mentioned a successful method which he had recently resorted to for removing some rings from the badly swollen fingers of a female. This was effected by winding some narrow tape firmly and closely around the finger from the tip, below the ring. By this means he was able to thrust one end beneath the ring, and then to remove it by traction upon the tape.

The following case was partially reported by Dr. COLLINS at this meeting; the particulars have since been furnished at the request of the Secretary.

Henry Coggeshall, æt. 46, engineer, sixteen years since met with a fall, striking astride a three-inch plank. A perineal abscess followed, terminating in a fistulous opening into the urethra, and stricture. Through this fistulous opening he has had a dribbling of urine, more or less, ever since. He has also had occasional retention of urine, which he has usually relieved by passing the catheter himself.

About the 10th of October last, he was attacked with retention of urine and inflammation of the bladder, for which he consulted a "Botanic Doctor." No attempt was made to relieve the bladder with the catheter, but, as near as could be ascertained, he was given to drink large quantities of herb teas, &c. On the 25th, his symptoms being much aggravated, his friends persuaded him to send for Dr. Rivers, which he accordingly did on that day. On Dr. R.'s arrival he found him in a state of great suffering; the bladder was enormously distended, the pulse quick and frequent. Soon after Dr. R.'s arrival he was attacked with a severe chill, which lasted about an hour. He complained of much pain in the left side of the abdomen, and was unable to lie on that side. An attempt was made to pass the ca-

theter, which proved unsuccessful, though several trials were made with different sizes. Some urine dribbled away, both from the natural passage and the fistulous opening. On the following day, the 26th, further attempts were made to relieve the bladder by the catheter, both by Dr. R. and Dr. L. L. Miller, who now saw the case in consultation. A number four silver catheter was passed into a false passage which went off towards the right ischium. A number six silver catheter took the right course, but could not be made to pass the stricture. The patient was all this time kept under the influence of opiates, both by enema and the mouth, warm topical baths being used at the same time.

Persevering attempts were made to pass the catheter, up to the morning of the 29th, when the symptoms became so urgent that it was thought advisable to puncture the bladder, which operation was performed, by Dr. Rivers, above the pubis. A large quantity of urine mixed with pus escaped through the canula, affording considerable relief for the time. The canula being left in, he continued to evacuate through it urine and pus, up to the time of his death, which took place on the morning of the 1st of November.

An autopsy was made Dr. COLLINS, who has furnished the following particulars of it.

There was found a puncture above the pubis, passing into the bladder, through a cavity partially filled with fœtid pus. This cavity was situated in the cellular tissue, between the bladder and rectus muscles—was irregular in its boundaries, running to the left, into the iliac region, under the peritonæum, and then upwards and backwards into the lumbar region as high as the left kidney. The bladder was contracted to the capacity of a few ounces, and was filled with dark-colored, decomposed, highly ammoniacal urine, mingled with pus, blood, and debris. The walls were from eight to ten lines in thickness. The internal surface was of a dark-reddish brown, in some places almost black—the mucous membrane was spongy and softened, and in places easily detached. It was everywhere covered by an incrustation of calculous matter deposited from the urine. The whole urethra was inflamed. A dense stricture, half an inch in length, existed at the membranous portion; it admitted a probe one sixteenth of an inch in diameter. Anterior to the stricture were two openings—one that of a recent false passage, two inches in length, running off near the right ischium; the other that of an old, very dense tortuous fistula, whose external opening was just behind the scrotum. Several small deposits of pus were found in the right kidney.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JANUARY 24, 1856.

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### POISONING FROM SMOKED MEATS.

It is well known that it is not an infrequent thing in Germany for severe and even fatal consequences to follow the eating of sausages, hams, and other preserved meats. The poisonous principle is supposed to be spontaneously generated in the meats after they are prepared for sale, by some process analogous to fermentation. Within a few years, many similar cases have occurred in this country, particularly in New York, and one which took



place recently in Brooklyn, was the occasion of a letter to the editor of the *New York Daily Times* by Dr. Isaiah Deck, from which we make the following extract :

"It must be observed that it [the poison] only exists in those meats which have been in an *incipient* putrefaction *before drying or smoking*. These processes *retard* the progress of the poison, but do not destroy its germ, and, singular enough, when it has proceeded to a *more advanced* stage of decomposition (*i. e.*, when the sulphuretted hydrogen—the odor of bad eggs—is evolved), before these processes, it is harmless. Another fact is, that those meats which have been boiled previous to salting or curing (and such a course would readily be adopted to conceal incipient decay), are sure to become injurious under these conditions. To a certain extent this can be remedied by their being thoroughly over-smoked, so that the chemical and antiseptic action of the kreasote (as its name implies), eliminated from the burning wood, may have its due effect, and if, with this precaution, they are occasionally brushed over with crude pyroligneous acid—they may be accepted as wholesome. But to guard against danger, it is always advisable that the affected part be cut away, and that which appears wholesome be either *toasted or broiled*, not fried, as the grease eliminated still retains any poisonous principle left, but by either of the above methods the heat decomposes it. *There is no safety in boiling*, the principle (a fatty acid, somewhat isomeric with sebacic acid) is neither soluble nor volatile in water at its boiling point,—it is soluble only in alcohol, and by this agent can be isolated from the meat, and in a dose of 50 grains will rapidly destroy a dog."

"The affected meats present a much softer appearance than the sound, have an unpleasant, sweetish sour smell, and an acrid burning taste, a small quantity irritating the throat violently, and the general appearance cannot be mistaken when once noticed. The immediate symptoms, which are sometimes delayed three or four days, are diarrhœa, dryness of the mouth and fauces, and intense thirst. They should be at once attended to, as absorption rapidly takes place, and a fermentation and decay (in fact a species of inoculation) somewhat similar to the cause, is set up in the system, ending in prostration and paralysis; but the most singular feature is the tendency of the body to resist putrefaction after death. This seems to arise from the previous decomposition and alteration of the fatty matter and tissues, which are generally the first to go, while in authenticated cases of recovery the convalescence is sometimes protracted for years."

#### HOMŒOPATHIC TREATMENT OF CHOLERA.

THE following, which is extracted from the *Gazette des Hopitaux*, by the Montreal Medical Chronicle, is an interesting account of the results of homœopathic treatment in cholera, and comes from an authentic source.

Dr. Bouquet, writing to the *Gazette des Hopitaux*, says—"Homœopathy has just received a severe check in our town." You have perhaps heard of the noise it made last year with its pretended success in cholera. Dr. Chargé asserted that he had not lost one out of several hundred patients, and he published this statement in the political journals of Lyons and Bordeaux. When, during the present year, the scourge visited us anew, the authorities bestirred themselves, and thinking it was their duty to bring the truth to light, they entrusted one of the wards in Hotel Dieu to Dr. Chargé. There, assisted by his colleagues in homœopathy, by pharmaciens, and by some young people his adepts, who devoted themselves to tending the patients (for he had found the ordinary staff insufficient and incompetent), he

obtained the result which might easily have been anticipated; the broad day-light did not display success. *Of 26 cholera patients admitted into this ward, 20 died, and M. Chargé withdrew.* To render the experiment conclusive, a ward had been set apart, in which the patients were treated by rational means, which did not profess to work wonders. *During the same period, of 25 patients admitted, but 11 died. Each ward had its turn of reception.* I think these facts are sufficiently decisive to render a renewal of such experiments needless, for if science profits by them, which is doubtful, humanity suffers not a little."

#### LONGEVITY IN THE UNITED STATES.

THE following note from an old correspondent relates to a matter of much interest to the community in general, and peculiarly so to the profession, whose daily business it is to ward off disease and lengthen human life.

MESSRS. EDITORS,—The unparalleled number of aged persons in the United States merits the particular notice of our profession. By the census of 1830 there were no less than 2356 persons of 100 years of age or upward; and by that of 1850, this number is sustained to within one, there being 2355.

China, with her 369,000,000 inhabitants, makes out but four centenarians, and of the European governments I have not been able to find one which makes the number one hundred. Whether it is owing to our climate, our mode of living, or to our liberal government and institutions, or to all combined, or if to any other cause, let some medical man inform us. It is a subject which might well occupy the attention of the American Medical Association.

My attention to the matter at this time was attracted by reading the following, which I believe to be correct. It is given by Alexander Wilson, of Kentucky, who said he was the forty-fifth child of his father, the late David Wilson, who had forty-seven lawful children, and lived to the age of 107 years, and during his lifetime had five wives. By his first wife he had eighteen children. Very few of his children died in their infancy and youth, and there are now (1855) thirty-five of them living, who are men and women full grown.

"David Wilson was a man of pure good health and robust physical constitution. At the age of 105 years he could mow an acre a day for a week at a time without feeling much fatigue. He appeared not to have a rib. The whole region of his breast was shielded by a plate of solid bone, and he could receive the most severe and powerful blows upon it without being hurt. He frequently, for the gratification of others, suffered them to strike him most violently on the breast without being made in the least uncomfortable. During our border war he was taken prisoner by the Indians, and they attempted to stab him in the breast, but found the solid bone impenetrable. He was one of the most remarkable men that ever lived in America. At the age of 107 years when he died, none of his faculties of mind or body were materially impaired."

JOSEPH COMSTOCK.

January, 1856.

P. S.—Longevity is found to be hereditary in certain families; as our population is made up of a heterogeneous mass, I am inclined to the opinion that much depends upon our climate, as most of our centenarians appear to be persons born in America, but some of them Indians, and many of them negroes.



## VIRGINIA MEDICAL JOURNAL.

WE have received the first number of this new journal, which is a combination of the *Stethoscope* and the *Virginia Medical and Surgical Journal*, and edited by Drs. McCaw and Otis, who have long been favorably known as conductors of the latter periodical. The appearance of the number is highly creditable, if we except the engraving on the cover, which we think might be omitted with advantage. The contents are varied and interesting, and we cordially recommend the work as one of much value.

We notice that a rival journal has been started in Richmond, called the *Monthly Stethoscope and Medical Reporter*, by two physicians who claim to be the proprietors of the pioneer medical journal of Virginia. If the statement of Messrs. Ritchie and Dunnivant, the proprietors of the Virginia Medical Journal, be correct, as it has every appearance of being, this attempt to take from them their property is wholly unjustifiable, and cannot be sustained by an appeal to the law. One thing is certain, experience has shown that two journals cannot be sustained in Richmond, and one of them must fail.

## PHILADELPHIA HOSPITAL FOR DISEASES OF THE CHEST.

THIS institution will be open for the reception of patients in the early part of April next. Its object is to combine all the best hygienic and medicinal means for the treatment of diseases of the chest, to insure as far as possible the certain and speedy restoration of those thus afflicted. For the promotion of this the managers have purchased an elegant and spacious villa, constructed with strict regard to ventilation, and replete with all the modern conveniences. It is situated in a high and healthy locality on the western side of the river Schuylkill (formerly West Philadelphia), is surrounded with pleasant walks, rides, &c., is contiguous to an omnibus route, and in the immediate vicinity of places of worship of various religious denominations. The medical board consists of a resident, an attending and a consulting physician. Attending physician, George J. Ziegler, M.D.; consulting physician, Samuel Jackson, M.D., Professor in the University of Pennsylvania. Further information may be obtained from Jas. W. White, Secretary, No. 103 North Third Street, Philadelphia.

*Another Case of Mal-practice.*—A case of much interest to the medical profession has just been tried in the Supreme Court now sitting at East Cambridge, and after occupying the attention of the Court nearly a week, the defendant, Dr. Nathan Allen, of Lowell, was most triumphantly acquitted. The particulars of this case will shortly be reported in our Journal.

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*Communications received.*—Expulsion of Tænia by Pumpkin Seeds.

*Books received.*—Thèse pour le Doctorat en Médecine présentée à la Faculté de Médecine de Paris. Par George-Henry Brandt.—Propriétés et Fonctions de la Moelle Epinière, Rapports sur quelques expériences de M. Brown-Séquard. Par M. Paul Broca.—Recherches Experimentales sur la transmission croisées des Impressions Sensitives dans la moelle epinière, par le Dr. Brown-Séquard.—Deux Mémoires sur la Physiologie de la moelle epinière. Par le Dr. E. Brown-Séquard. (From M. Brown-Séquard.)

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*Deaths in Boston* for the week ending Saturday noon, Jan 12th, 72. Males, 33—females, 59. Accident, 1—inflammation of the bowels, 2—congestion of the brain, 4—disease of the brain, 1—cancer in breast, 1—consumption, 13—convulsions, 1—croup, 7—dropsy in head, 4—infantile diseases, 8—scarlet fever, 1—disease of the heart, 2—inflammation of the lungs, 2—marasmus, 7—measles, 3—old age, 1—peritonitis, 1—palsy, 1—smallpox, 3—teething, 3—unknown, 4—whooping cough, 2.

Under 5 years, 41—between 5 and 20 years, 3—between 20 and 40 years, 15—between 40 and 60 years, 6—above 60 years, 2. Born in the United States, 53—Ireland, 11—Germany, 1—England, 1—British Provinces, 1.

*Erysipelas and Typhoid Fever in the Russian Camp.*—Dr. William M'Millan, an American physician in the Russian service, writes as follows to Prof. S. M. Smith, of Columbus, Ohio.

"Erysipelas is quite a common disease in the hospital, and is invariably treated with the finest success, by giving internally a solution of acetate of potash, and applying externally, oil of camphor upon raw cotton. No tonics are given in ordinary cases, and the malady runs its natural course without serious interruption. The oil of camphor is made by dissolving pulverized gum camphor in pure olive oil, and is one of the nicest applications for this disease, and dry scaly eruptions of various kinds, imaginable.

"Typhoid fever runs its course, with nothing to interrupt it but chlorine water, given internally as a disinfectant, sol. acet. potash, as a diuretic, and in the latter stages an infusion of arnica, to which is sometimes added camphor, as a stimulant to the nervous system. Should diarrhœa supervene in the course of the disease, it is generally treated with what they call *mistura oleosa*, which is a mucilage of gum arabic and olive oil, to which camphor or tinct. opii can be added as occasion may require."

*The Czar Nicholas.*—Mr. Wakely, surgeon and coroner, of London, says:—"In the case of the Emperor Nicholas, his death was put down to paralysis of the lungs and bronchitis, which, according to the symptoms described, was known to us medical men to have been impossible, and to have been stated only to deceive the public mind. The official document describing the emperor's death, stated that at the last he took leave of his family with a firm voice, a proceeding physically impossible, if he was suffering from the diseases stated in the certificate of death. The belief, therefore, in the minds of the medical men in this country was, that the emperor was poisoned; and that is my own opinion; not, at the same time, that he was poisoned by those about him, but that he committed suicide."

*A Whole Family Poisoned by Eating Ham—One Death.*—The family of Mr. James M. Duff, residing at No. 73 Johnson street, Brooklyn, were all poisoned the present week, as is supposed, by eating ham, as also was Mrs. Wade, widow of Capt. J. S. Wade, and her child, residing in the same house. The ham was purchased of a respectable grocer on Saturday night, and was on the dinner table Sunday. Soon after dinner Mr. Duff, his wife, daughter, and servant girl, all presented symptoms of having been poisoned. The aid of Dr. Wade was immediately called, and the parties all recovered. On Tuesday morning, Mrs. Wade and her child, two years old, ate some of the ham, and both were taken sick. The child died on Tuesday night; the mother is now considered out of danger. A family in New York city was poisoned in this manner last summer, when several persons died.—*New York Times*.

*Glycerine Internally.*—Several reports have been made of the successful substitution of glycerine for cod-liver oil, the most circumstantial of which is that by Dr. Crawcour, in the *New Orleans Medical News*. He has used it in phthisis, scrofula and mesenteric disease in children; and sometimes in combination with iodine and the various salts of iron. Quinine is soluble in it without the aid of an acid, and he considers it valuable as a solvent of phosphorus. The dose of glycerine is one to three drachms, three times a day, in an ounce of water. In larger doses it causes nausea. It is important to use a pure article. Much of it contains lead from the manner in which it is prepared, but it can be made chemically pure, and at a cheap rate, by decomposing lead or oil with hydrate of lime.—*New Hampshire Journal of Medicine*.

*Statistics of Insanity in France.*—From an official document, published by the Minister of Commerce and Agriculture, on the Statistics of France, it appears that there are at present, for every one hundred thousand of the population, 105 persons blind, 82 deaf and dumb, and 125 insane.—*Am. Jour. Insanity*.

*New Tonic.*—A Yankee doctor has contrived to extract from sausages a powerful tonic, which he says contains the whole strength of the original *bark*; he calls it the "Sulphate of Canine!" He anticipates a great popularity for it in New York city.—*Worcester Transcript*.



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## POLYPUS OF THE LARYNX.

BY ALFRED HITCHCOCK, M.D., FITCHBURG, MASS.

[Read before the Boston Society for Medical Improvement, by the Secretary, Jan. 14th, 1856.]

Mrs. E. J., aged 51, the wife of a farmer, was tolerably fleshy and robust, and had had no previous severe illness. No hereditary disease known in her family. In December, 1854, she called on me, and gave, with the aid of her daughter, the following account of herself. In the autumn of 1849 she was suddenly seized with hoarseness, which appeared at the time like influenza; under domestic treatment the general symptoms disappeared in a few days, with the exception of the hoarseness, which, from that time, has never entirely left her. In 1851-2-3, her general health was tolerably good, although the hoarseness continued and was occasionally aggravated, without any well-known cause. Several practitioners prescribed for her during this period, but I could not learn that she had followed, very systematically, the prescriptions of any regular physician. Indeed, for most of the time since the commencement of her hoarseness, she had been without any medical attendance. But little was learned of the treatment, except that one physician had sponged the fauces with a solution of nitrate of silver. This application was very painful, producing spasm of the glottis, and long-continued, suffocating dyspnœa. From that time she peremptorily refused to allow any topical application to the fauces or larynx. In the autumn of 1854 she occasionally had severe paroxysms of dyspnœa and more complete aphonia, followed by the expectoration of fleshy, granular tumors, accompanied by a little bloody mucus. These paroxysms of dyspnœa were distressing, and sometimes quite alarming to the patient and her friends. The expulsion of the tumors, which was always followed by instantaneous relief, occurred every second, third or fourth week; they were of a bright-red color, and varied in size from that of a common currant to that of a large cranberry; one extremity being rough and torn, and the other rounded or nodulated and covered by smooth membrane. They could be crushed in the fingers like healthy liver. At this time her voice was entirely gone, and she could only make herself understood by a few words uttered in a

sibilant under-tone. Dyspnœa and fatigue were excessive whenever she attempted to speak. There was no pain, tenderness, or swelling about the throat. The fauces presented no diseased appearance except a slightly congested state of the blood-vessels. The epiglottis was very red, its mucous membrane highly congested, and its apex appeared slightly spongy or fringed. There was no physical signs of disease in the chest. Over the larynx, the stethoscope obtained the sound peculiar to diphtheritic croup, with a frequent, valve-like interruption of its shrillness. The menses ceased in the summer of 1854. She then looked anxious and dispirited, her strength and flesh had somewhat diminished and her countenance had a sallow aspect.

At this time (Dec., 1854) there was no great difficulty, from the history of her case for the last few months, in making a correct diagnosis. The character of the fleshy vegetations from time to time expelled from the larynx, were now deemed conclusive of the existence of polypi of that organ, and that each expulsion was followed by a rapid reproduction of the vegetation. Exploration and topical treatment of the larynx was advised; and at a second interview I proposed tracheotomy. All topical or surgical treatment was peremptorily refused. In January, 1855, Mrs. J. was seized with chills, fever, vomiting and anorexia; she became icterode and emaciated; there was no cough or diarrhœa; she died on March 20th, 1855. The dyspnœa and aphonia were less urgent during the last few weeks of her life, and no vegetations were expelled in the course of the last month.

I am indebted to Dr. A. A. Plimpton, of Shirley Village, who attended her during her last illness, for the account of the *post-mortem* appearances, and (by consent of the family) for the larynx, exhibiting the spongy polypus *in situ*.



Dr. Plimpton informs me that the *lungs* and *heart* were perfectly healthy. *Stomach* and small *intestines* highly injected, and mucous membrane thickened and softened in patches. The *liver* was of normal color, but rather smaller and harder than natural. *Uterus* and its *appendages* healthy. No tumor of any kind discovered in any organ except the *larynx*. On opening the larynx and trachea longitudinally and posteriorly, a tumor, of a spongy, nodulated appearance, was discovered attached to the mucous membrane covering the anterior third of the right inferior *chorda vocalis*. The attachment was by a pedicle about four lines in diameter. The pendulous portion of the tumor, which projected about five lines, measured seven lines in diameter, was somewhat irregular in its outline, and of a soft, granular appearance. When the larynx was closed, the tumor, when motionless, would diminish the aperture to one fourth or less of its natural calibre. The adjacent mucous membrane was injected, but exhibited no



other morbid appearance. At the attachment of the tumor the mucous membrane seemed free and without any submucous infiltration, induration or morbid attachment to the ligament. The *ventricles* were both free from any morbid appearances. Portions of this tumor were examined with the microscope, and exhibited only epithelial cells, minute vessels, and a few fat-globules. No cancer cells were found.

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#### REMARKS ON THE TREATMENT OF YELLOW FEVER.

BY EDWARD JENNER COXE, M.D., NEW ORLEANS, ONE OF THE VISITING PHYSICIANS OF THE CHARITY HOSPITAL.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 522.]

THE first, that of removing the contents of the alimentary canal, is effected by giving, as soon as possible, from six to twelve grains of blue mass, to be followed in two or three hours, or even earlier, by a moderate dose of castor oil, from two to four tablespoonfuls; or, in its stead, a Seidlitz powder, which last may be repeated every one or two hours. If necessary, which is frequently the case, either of these may be advantageously aided by a large injection of soap suds, or strong salt and water. This last injection is generally to be preferred. One or two free discharges from the bowels will, as a general rule, be sufficient. By thus freeing the alimentary canal of its contents, which may be supposed to be of a more or less acrid character, it is presumed that the predisposition of the stomach to become seriously affected is in a measure removed, and that it is also placed in a condition to receive, without inconvenience or injury, those diaphoretics and dietetic drinks upon which no little reliance is placed in this disease.

Castor oil, confessedly a mild, valuable, and appropriate remedy in yellow fever, is known frequently to occasion nausea, or irritability of the stomach, and not unfrequently vomiting; for which, as one reason, I prefer, most generally, the Seidlitz powder, which besides being acceptable to most individuals, will, particularly when aided by the salt and water injection, certainly produce the desired effects, and in my opinion more effectually tend to diminish the febrile heat, and more quickly ease the head. The second indication, that of bringing into action the perspiratory system, is fulfilled by giving, as soon as possible, a hot mustard foot bath, which, when necessary, is to be repeated every hour or two, "in bed after the first," until a moisture appears upon the skin; for, when that desirable and favorable result is produced, there will in general be experienced a decrease, and, at times, an entire cessation of the headache.

Perspiration having been produced, it is necessary that it be continued until the febrile symptoms shall evince a sensible declension, to be known rather from the pulse than from the heat of the skin, which, although it may be covered with perspiration, still imparts

to the touch a sensation of preternatural heat. This perceived, we may safely predicate a continuous and entire cessation of the fever, which, although irregular as to time, is observed to occur most frequently in from one and a half to three days.

As an adjuvant of no mean power in accomplishing this continuous discharge from the skin, I have found the following\* as efficacious as it is simple; an accessory which I uniformly resort to, in this and other fevers, and which in my opinion is deserving of serious consideration. Envelope the feet and part of the legs in towels, or flannel, wrung out of hot water; cover these with one or more dry towels, to preserve the heat and moisture. This may justly be called a perpetual foot-bath, giving no trouble, nor causing the patient any uneasiness. Should the towels become dry, or appear so to the patient, it is only necessary to remove the outer covering and pour hot water on those previously wet. Mustard poultices to the calves of the legs, the soles of the feet, or between the shoulders, a remedy of great value and general use, are to be applied after the first foot-bath, and generally, as revulsives, act most serviceably, relieving the uneasiness of the head and stomach.

Cold water, vinegar and water, cologne and water, or, still better, the sedative water of Raspail, applied to the head or forehead, the hands and forearms, will, especially in the first twenty-four hours, be found of essential benefit, as well to relieve the head as to diminish the febrile heat. In all cases, as Curry long since established, and as has been strenuously advised by others of note, whenever the skin is preternaturally hot and dry, the pulse, as is generally the case, full and hard, the application of cold water, locally or generally, will not fail to prove grateful, and will be more apt to produce perspiration than when applied of a higher temperature. Judiciously employed, the application of cold water is deserving of being more generally resorted to in fevers of every description, the yellow fever being no exception, provided the above condition does really exist. In certain cases of yellow fever there can be no question that the properly-timed use of cold water, in whatever manner considered most appropriate, would be more conducive to the productive of perspiration and consequent declension of fever and pains in the head, than the almost constant habit of piling on blankets, immediately after the foot-bath, without regard to the existing condition of the skin or pulse, and often before the appearance of perspiration. At the same time, it is frequently observed that there is an entire prohibition of the entrance of fresh air in the room. I wish not to be considered as inculcating rashness, or an exposure to a draught upon the body in this disease, but my keen remembrance of the torture I was forced to endure in 1839, when passing almost miraculously through an attack of yellow fever, as well as what I know others have suffered from the same causes, compel me thus to allude to an irrational custom, fortunately, however, on the decline, in the hope that it may benefit others. In respect to the amount of covering proper in this disease I have found it neces-



sary to attend to it in each case. One would require more, another less ; but in all cases, the comfort of the individual, as well as the prospect of recovery, was considered ; and thus far, not only have I not met with a single unpleasant occurrence, but I am firmly of opinion that the successful termination of many cases was to a certain extent the result.

In proof of this position I may state, that I have seen individuals in this disease, who although commencing to perspire, yet thinking to increase it, would add more covering, when the perspiration would decrease, the skin become hotter, the head more painful, and the pulse fuller. By cautiously diminishing the covering in these cases, the perspiration in a short time would be augmented, and the other symptoms equally changed for the better. With children laboring under this fever, it is impossible to keep them quiet, or constantly covered ; yet with them, the general course of treatment proved perfectly successful.

In pursuing the general course of treatment advocated, I in all cases bring to my aid the following, for internal use, principally for the reason that in the commencement of an attack of yellow fever, however mild it may appear, it is impossible to predict with certainty what may be its future course. Not unfrequently, cases, really mild at first, speedily assume a serious character, and pass to an incurable condition ; while, on the other hand, cases commencing with really grave symptoms, may rapidly be led into a state of convalescence and recovery, without subsequent alarming symptoms. These facts I observed in the hospital sufficiently often to satisfy myself of their correctness, while in private life I am cognizant of many well-marked instances strikingly confirmatory of the importance of adverting to them.

The following preparation is that alluded to, the strength, as well as the dose, and frequency of repetition, being proportioned to each case. R. Nit. potassæ, gr. xv. to xl. ; sp. nit. dulcis, ℥i. to vi. ; aq. lauro cerasi, ℥ i. to ii. ; liq. ammon. acetat. ℥ iv. to viii. M. Dose, one to four teaspoonfuls every hour.

As a diaphoretic, to contribute in no trifling degree to the fulfilment of what it is perceived is regarded as of great importance, this preparation has proved as uniformly successful as can be reasonably expected from any medicine. By properly regulating the dose and frequency of repetition, depending necessarily upon the existing condition of each case, it has appeared that the amount of perspiration could be regulated with no little certainty.

The reputed efficacy of the tincture of aconite, in inflammatory and febrile diseases, induces me frequently to add from ten to fifteen drops of it to the above ; but the result being similar, with or without it, I am unable to decide whether it contributed additional power to the combination. In cases presenting a decidedly inflammatory condition of the brain or other organ, its addition might prove useful.

From an early stage of the disease, about the second day, I am

accustomed to give, several times a day, a soda powder in a state of effervescence, as cold as possible ; or, instead of it, or alternating with it, the half of a Seidlitz powder, which last is sometimes preferable in consequence of the existence of a tendency to constipation.

Thus far, attention has been given exclusively to what may be considered the truly medical treatment ; the perhaps equally important part, the dietetic, remains to be noticed. From the commencement of treatment until the subsidence of the fever, except for very particular reasons, I allow nothing but the following drinks, which may be regarded as ample for all the wants of the system. To a tumblerful of flaxseed tea, add two or three tablespoonfuls of gum Arabic in lumps, two or three slices of fresh lemon, sugar if desired, and ice to make it as cold as possible. Of this agreeable and nutritious drink I not only allow, but urge a free use, unless the stomach should evince symptoms requiring restriction as to quantity and frequency.

I do not mean to assert that the course of treatment here laid down and advised will prevent in all cases the appearance of unpleasant or dangerous symptoms ; but I do say, that having in no one instance in private practice, and in but few in the hospital, found retention or suppression of urine, or the black vomit, or any subsequent cerebral disturbance, I feel forced to conclude that the plan is applicable to the disease and will succeed in effecting the greatest number of cures.

The fever having been subdued, and no unpleasant symptoms existing, there yet remains a period of great anxiety to be passed through. I allude to the stage of convalescence, in which the most unteasing care is required ; for the excessive prostration of strength, and weak pulse, indicate the propriety and necessity of strengthening the system. Doubtless this must be attended to ; but if ever the "slow and sure" maxim is to be followed in any disease, it is most unquestionably and truly so in the getting up from yellow fever. Attention to this point being given and strictly followed, a relapse will be of rare occurrence ; if not attended to, from a foolish desire on the part of the patient to compel a quick recovery, a relapse will most probably occur, and when such is the case the proportion of recoveries is small. A light diet, slowly increased ; mild tonics ; diluted malt or alcoholic liquors in moderate quantities, are the principal or only means called for. The diet should consist of barley or rice gruel, arrow root, corn starch, chicken soup, beef tea, or mutton broth.

The tonics are, a cold infusion of red bark, cherry bark or chamomile ; a few grains of quinine in solution, given alone, or, still better, combined with the above infusions. Weak porter, or ale and water, very weak brandy, or wine and water, are proper and often required.

By observing the precaution of not attempting to recover too rapidly, and be about too soon, nor of wishing to indulge too freely



or too early, in the only proper articles of diet and drink, as above specified, by allowing nature a fair opportunity of restoring, by the digestion of appropriate aliment, that physical strength which, as a necessary consequence of the disease, has been lost, it is true the sick may require a few more days of repose or inaction, but it is still more true that by such a proceeding the progress towards a state of health will be more regular and more certain, with scarcely the possibility of a relapse or drawback. To get out of bed too soon, to walk about the room, or to go into the street for exercise, without having previously gained a certain amount of strength, have too often proved that even after having passed through the disease and been brought to the stage of convalescence, not a few verify the truth of the trite adage, "the more haste, the worse speed," a fatal result frequently ensuing.

In conclusion, I would state that the *aqua lauro cerasi*, used in the hospital, is a substitute made by adding one drop and a half of the oil of bitter almonds to an ounce of water, making the mixture *secundem artem*. In private practice I am accustomed to use the orange flower water in its stead.

#### EXCISION OF THE ELBOW-JOINT IN A CASE OF LACERATED WOUND OF THE ARTICULATION.

BY G. KIMBALL, M.D., LOWELL, MASS.

[Reported for the Boston Medical and Surgical Journal by E. K. SANBORN, M.D.]

It is to the credit of modern surgeons that the highest honors of their art are gathered from the field of "conservative surgery." The saving of a life and a limb at the sacrifice of a joint, is a real triumph, and every instance of success which illustrates this great modern improvement in surgery is worthy of record. The following case occurred under the care of Dr. Kimball during the past year.

On the 3rd of June last, W. F., a strong, healthy young man, 24 years old, was employed about a "derrick" in repairing a railroad bridge in this city. By some accident his elbow was caught between two pointed *chain hooks*, which transfixed the joint, and tore out, in such a manner as to open the articulation completely and leave the articular surfaces of the humerus and ulna protruding. The head of the radius was broken off, which was all the injury done to the bones themselves. The triceps extensor muscle was also torn off from its attachment to the ulna, and lacerated to a considerable extent; and the injury generally done to the soft parts was very extensive.

The engraving on the next page represents the appearance of the arm at this time. On examination it was found that the attachment of the *biceps* to the tubercle of the radius was uninjured. Also that the *brachialis anticus* was still attached to the ulna. The blood-vessels and nerves were also uninjured. Under these cir-

cumstances, the decision to attempt to preserve the limb with the loss of the joint was quickly made. The chain saw was applied to the humerus, just above the condyles, which were thus removed.

As much of the ulna and radius were removed as could be with safety to the attachments of the *brachialis anticus* and *biceps*. About an inch of the *triceps extensor* was then removed; also an amount of contused and lacerated soft tissue, in order to give the injury, as far as possible, the character of an incised wound. The edges of the wound then being brought together by sutures and adhesive straps, the limb was



placed in a splint, in the straight position, and the simple "water dressing" used. No unfavorable symptom appeared, and at the end of six weeks the wound had entirely closed, and a flexible union had taken place between the ends of the bones.

At this time an *angular splint* was applied, and passive motion kept up for a number of weeks. In the course of the summer the splint was removed, and the arm, bent at a right angle, was kept in a sling. During this time there was an obstinate tendency to solidification in the false joint, and at intervals of two or three weeks it was found necessary to give chloroform and restore the movements of the new joint, by forcible flexion and extension.

The present appearance of the arm is shown in the annexed engraving, taken three weeks since. The power of bending the arm is preserved to a useful extent. The motions of the fingers and wrist are perfect. The power of extension is impaired, but not lost; and the chief defect in the motions of the arm is the limited power of pronation and supination.



As evidence of the usefulness of the arm, it may be stated that the man is now at work for the railroad company, and is able to do his day's work, at shovelling gravel or snow, without difficulty.



## CHANGES IN THE CERVIX UTERI DURING PREGNANCY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—On the subject of the changes undergone by the lower portion of the uterus during pregnancy, alluded to at a late meeting of the Society for Medical Improvement, I offer you the following translation of the remarks of Jacquemier, who is considered, I believe, by the French, the most accurate obstetrical writer of the day among them. It is obvious that the French have particularly favorable opportunities for the investigation of the subject.

88 *Dover Street.*

L. PARKS, JR., M.D.

“The changes which the cervix undergoes, serving as they do in the diagnosis of pregnancy, have been studied with much care. As to the body of the uterus, its changes result from the hypertrophy of its walls and from the dilatation of its canal. But these phenomena are observed simultaneously during only the latter months of gestation.

“During about the first five or six months of gestation, the alterations of the cervix relate almost exclusively to the growth of its tissue, and are, by consequence, but slightly sensible, and quite difficult to appreciate well. The part becomes rounded, thickened, diminishes in firmness, and lengthens. The posterior lip advances little by little to the level of the anterior. Both lips become less distinct from each other, while the transverse fissure which they circumscribe becomes rounded into a circular *fossa*, in the centre of which is found the external orifice of the cervix, entirely closed. This arrangement of the lips and of the orifice can scarcely be considered as the normal state, save in a first pregnancy. In women who have borne a number of children, the lips being more or less distorted and irregular, are but very imperfectly circular and conical; the orifice is frequently open; and its borders present a softness which contrasts with the firmness of the cervix. Under the same circumstances, the increase in the length is very difficult to appreciate, since it ordinarily remains shorter and thicker after one or more pregnancies. But the augmentation in volume and the softening occurring at its base, are much less variable, whatever may have been the previous condition of the woman.

“The epoch at which the dilatation of the cervix commences has not yet been fixed in a precise manner, and seems to offer very numerous variations in different individuals. The dilatation and the shortening of the cervix are two phenomena intimately related, and always observed to occur simultaneously. Although it is almost universally admitted that the dilatation and shortening of the uterine neck commence at the fifth or six month, we can scarcely regard this term as fixed by exact observation. The same remark is applicable, with still greater force, to the relations which have been believed to be established between the length of the cervix and fixed epochs of pregnancy. It is better to place but limited reliance upon these indications, and not to admit to the letter the gene-

rally received opinion, that the cervix loses a third of its length at the fifth month, half at the sixth, two thirds at the seventh, three fourths at the eighth, and the rest during the ninth. The shortening of the cervix presents varieties so numerous that it is impossible to establish distinctions so fixed and uniform.

“The mode even of dilatation of the cervix is not yet perfectly known. It would be reasonable to assume the process to be accomplished in a slow and gradual manner from above downwards—towards the external orifice. And yet the investigations of M. Stoltz are opposed to this view, and seem to prove that the internal orifice remains closed till nearly the middle of the ninth month; that the external orifice gradually approaches the former through the depression of the parts intermediate (thus rendering the cavity of the cervix larger—more expanded in the centre—in proportion to the approximation of the two openings); and then, when the two orifices are but slightly separated from each other, the internal os opens first. The portion of the cervix which is intermediate between these two openings dilates in a very brief space of time. In women who have undergone previous pregnancies, and in whom the external orifice is more or less open before the end of gestation, the process of dilatation is effected in a manner quite the reverse of the preceding—the external orifice seeming to expand first, while the internal does not open till labor is imminent. Thus, according to M. Stoltz, in a first pregnancy the cervix disappears from within outwards; and, in subsequent pregnancies, from without inwards.

“It is hardly allowable to affirm that such is exactly the mode of dilatation and shortening of the cervix; for these investigations, as well as those on which other views are founded, being made only by tactile examination, necessarily leave much to be desired. Direct observation alone can clear up this question to a certainty. But, however this may be, the vaginal portion of the cervix is, in *primiparæ*, up to the sixth month, rather elongated than shortened; but hastens to diminish in length, and to expand laterally, though without observing an invariable and regular rate of decrease. In many women it is reduced one half at the end of the seventh month, whilst in others it is shortened but little at the middle of the ninth. Most usually, however, at this latter epoch, the cervix presents itself only as a salient nipple with a very large base, on pressing which, the infra-vaginal portion, although enlarged, is felt to offer a degree of resistance and hardness which seem to exclude the presence of any portion of the ovum in this part. At the full term, the vaginal portion has often ceased to offer the least prominence; the external orifice is still well pronounced though rounded; the *fossa*, at the bottom of which it is found, being circular, large, and quite deep, its borders extended and very thin. But this arrangement is far from being constant even in *primiparæ*. It is not rare to observe, even at the commencement of labor, a very sensible nipple-like projection. In other cases the anterior lip is effaced, the posterior still remaining quite prominent; while in still other cases the cervix,



and even both its lips, are completely effaced several days before the commencement of labor.

“In women who have previously borne children, the neck of the womb is sometimes quite freely open from the eighth month, or so soft that the finger may be carried quite to the ovum. But, on approaching the close of gestation, the *fossa* and the orifice cease to be exactly circular, the latter remaining more or less thick, and presenting one or more fissures resulting from former lacerations. The thickened extremities of the lips form irregular prominences which often exist up to the commencement of labor.” \* \* \* \* \*

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### Bibliographical Notices.

*Thirteenth Report to the Legislature of Massachusetts, relating to the Registry and Returns of Births, Marriages and Deaths in the Commonwealth, for the Year ending December 31, 1854.* By EPHRAIM M. WRIGHT, Secretary of the Commonwealth. Boston: William White, Printer to the State. 1855. 8vo. Pp. 207.

FROM the commencement of the series, the Massachusetts “Registration Reports” have been acknowledged to be of far higher value, as affording accurate information concerning vital and mortuary statistics, than any similar ones in this country, and are of constant service “as the most reliable source for making the necessary calculations for determining the expectation of life, not only in Massachusetts, but also throughout the United States.” Their value is no less important in obtaining a knowledge of the laws of diseases and epidemics, and of various physiological conditions respecting births and deaths. The Thirteenth Report is in no respect inferior to any of the others; on the contrary, the tables “have been enlarged by the introduction of new facts, and new side tables of an interesting character have been brought in, to render the tabular portion of the Report more comprehensive, and to bring forward new subjects for the consideration of statisticians. These new features have been so introduced as not to interfere with a comparison of the tables for this year with those of the previous ones. Among the improvements may be noticed tables designating the parentage of the children born, and the nativity of persons united by marriage; one exhibiting the number of illegitimate births within the Commonwealth during the year 1854, the births being arranged by sexes, for each of the twelve months, and also by counties; and one exhibiting the conditions and ages of parties married during the two years, 1853-4. This table is subdivided into six sections, showing (A) the ages at the first marriage of both parties; (B) at the first marriage of the male, but subsequent marriage of the female; (C) at the subsequent marriage of the male, but first of the female; (D) at the subsequent marriages of both parties; (E) the conditions of parties not stated; (F) aggregate of all conditions of parties.

The tables and the laborious “two Years’ Abstract” which compose the work show “that an unusual degree of care has been taken in their preparation, by those upon whom it has devolved to perform that laborious and perplexing duty. When it is considered that months of unremitted labor and the most tedious application are required of several clerks, whose works have to be brought together and blended, for the purpose of forming the

comprehensive tables, it will be freely acknowledged that the task has been performed with commendable accuracy. The tables which are submitted with this Report, although they are not so numerous as some may desire, far exceed in number and particularity those of any other similar document covering the same extent of ground, prepared at public expense, within the United States."

It is gratifying to be able to state that more than usual care has been taken by the town clerks in the collection and registration of the various particulars required by law. Complete returns have been received from every town in the State except Dennis and West Stockbridge. "With these exceptions, there are, this year, no blots upon the character of any town in respect to matters of registration."

We shall proceed to make a few abstracts from the Report, for the benefit of those who are unable to obtain it, earnestly recommending others, especially medical men and those interested in the subject of Life Insurance, to possess themselves of a copy.

The number of births registered during the year 1854 was 31,997, being an increase of 1,077 over the number recorded during the previous year. Of these, 16,352, or 51·10 per cent., were males, and 15,469, or 48·34 per cent., were females; and of 176, or ·56 per cent., the sex was not ascertained. It is a singular fact that in several of the Reports which have preceded this, the number of male children born here has been found to exceed considerably that of females. "This differs from what appears to be the general opinion of statisticians, who almost invariably state, especially those of foreign countries, that at the time of birth the female children are most numerous." The excess of births of males over females in this State in 1849 was 1,066; in 1850, 745; in 1851, 1,336; in 1852, 814; in 1853, 833; in 1854, 883. The same result is found elsewhere, particularly in America. In the city of Boston, 36 instances of twin-births were recorded during 1854; 51 occurred during the preceding year. In a single house in Oliver street there were seven births, and the same number in one in Orange street. Notwithstanding the most unwearied painstaking on the part of the City Registrar and the very competent gentlemen employed by him, "it is believed that this department of statistics is always in a large degree the most deficient in the Boston tables." This deficiency is ascribed to "the gross ignorance, superstitions and jealousies with which the collecting agents have to contend." "In 1853 there was a greater mortality," in the State, "among females than males, whereas the converse is true in 1854, although the proportional gain of births over deaths remains for this last year with the males. This subject has been one of great interest to those engaged in the study of mortuary statistics, and requires a more extended series of tables, before there can be an arrival at any satisfactory conclusion." "The months of October, August, September, July, December and November were the most fruitful in the order named; and January, February, April, June, May and March the least so." "During the year 1854 there were born, in plurality cases, 600 children; of these, 312 were males, and 288 females." "There were seven cases of triplets during the year." The number of illegitimate births was 203; of whom 95 were males, 106 females, and 2 of unknown sex; thus the per centage of females was 52, and that of males only 46, illustrating the law stated by Carpenter (*Human Physiology*, Phila. Edition, page 809), that in illegitimate births the female sex predominates, which he ascribes to the fact that the parents are more likely to be of the same age, the sex of the offspring being influenced by the age of the father."



The number of *Deaths* reported within the Commonwealth during the year 1854, was 21,414, exceeding the number of the preceding year only 1,113. Of these, 10,710 were of males, and 10,558 of females, while 146 were of unascertained sex. The average age for each individual 27.16. The excess of males over females (152) is unusual, but so small that it does not affect the general rule supposed to exist in this country, that there is a greater mortality among females than males. The number of deaths among children under one year of age, was 4,188. The number under five years, was 8,079, or 38.15 per cent. of the whole number of deaths. Between the ages of 20 and 30, the next most fatal period of life, the number of deaths was 2,602. Six individuals, two males and four females, died during the year who had lived to a greater age than one hundred years; one, a colored person, was reported as having been killed by a fall at the advanced age of one hundred and ten years.

The following facts relating to the mortality of Boston, are of interest. The number of deaths within the city was 4,441, being an excess of 157 over the mortality of the preceding year. Of this number, 180 died from accidental causes. The average age of those who died, was 21 years; of the males, 19.97; of the females, 22.11; showing a difference in favor of the latter of about two years. Seventy-eight colored persons died, whose average age was 25 years, or nearly 4 years more than that of the whites; but this difference was chiefly in favor of the females, whose average was 27 years, while that of the males was 21. "It appears, that while the births and deaths within the city are constantly and gradually increasing, the excess of births over deaths has been diminishing." August and July were much the most fatal months, and December, November and October, in the order given, the least so.

*Causes of Death.* Much complaint is made of the evident deficiencies and inaccuracies which appear in the returns, in respect to the causes of death. This fault is not chargeable to the recording officers, "but in most instances, to persons who collect the facts at the time that interments are made. When these returns were required to be made by the medical attendants, *they were little more satisfactory, if any*, on account of the many charlatans and empirics, some of whom attribute all the deaths that occur within their knowledge to a very limited class of causes, while there are others who never allow that their patients die of certain well-known fatal diseases." The proper remedy for this would be to require by law that every death should be certified to by a competent medical man; unless some such provision is made, we must be content to wait for exact statistics on this subject, until progress in medical science extends to unworthy pretenders.

Of the causes of death designated in the Report, zymotic diseases have been the most fatal during the year 1854, as in previous years. Next to this class follow the diseases of the respiratory organs. These two classes constitute 55.92 per cent. of all the causes of death. The most fatal zymotic disease, numerically considered, for the last fourteen years, has been dysentery; but undoubtedly many deaths from other causes, such as diarrhœa, cholera infantum and teething, are included under this head. Next in order rank typhus fever, scarlet fever, croup, cholera infantum, fevers in general, measles, whooping cough, cholera, diarrhœa, erysipelas and small-pox. This order has been somewhat changed for 1854—cholera following typhus fever, after which are croup, cholera infantum, scarlatina, measles, fevers, whooping cough, diarrhœa, smallpox and erysipelas.

*Cholera* was more fatal than in any preceding year, except 1849. *Cholera infantum* was unusually fatal, as was also the case in the previous year. The number of victims was 528, or 2.55 per cent. of all the deaths. With three exceptions (of whom the age of two was not ascertained), all the children were under five years of age. *Croup* appears to be on the increase in Massachusetts, notwithstanding a small diminution from last year's returns. The number of deaths was 562, 486 of which were children under five years old. The disease was most fatal in February, January, December and April; and least so in August, July and June.

The deaths from *dysentery* were 1,159, of which 64 per cent. were in individuals under the age of five years, an "almost certain evidence that many of the deaths attributed to this disease were the result of other causes more usually affecting young children." As in the four preceding years, the greatest mortality from this disease occurred in September and August, and the least in January, February and May. *Erysipelas* has very much decreased in 1854. During five years, the months of March and April have been the most inauspicious, and the summer months numbered the fewest victims. *Measles* has increased very considerably since the preceding year; the number of deaths was 325, or 1.57 per cent. of all deaths from ascertained causes. Seven-eighths of the fatal cases occurred in children under five years of age. The month of January was most disastrous, and next came April, February, November, December and October.

Under *typhus fever* are included all cases of "bilious fever," and, we presume, of typhoid. The disease has been gradually increasing during the last five years. The number of deaths in 1854 was 807, of which the greater proportion occurred in Suffolk County. The period of greatest mortality, during five years, was between the ages of twenty and thirty. The most fatal months were October, September and November.

*Scarlatina* was unusually moderate, producing much less than half as many deaths as during the preceding year. The number of deaths was 490, the greater part of which occurred during the first five months of the year. The deaths from *hydrocephalus* were 461, 405 of which were in children under five years of age.

The deaths by *consumption* have slightly increased, numbering 4,611, nearly one quarter of all the deaths from known causes. Of these, 1,903 were males, 2,707 females, and 1 of unascertained sex. "The tables in the Massachusetts Registration Reports show very decidedly that mortality from consumption is much more prevalent with females than with males." The most fatal period was that of middle life, between the twentieth and thirtieth year; the next, between the ages of thirty and forty. From *pneumonia*, there were 838 deaths, a very large proportion of which occurred in young children.

There were 261 deaths by cholera. In Boston, "there were but few cases in which the predisposing cause could not be easily traced to filthy and ill-ventilated dwelling-places, to gross personal habits, or to imprudence in diet."

The large number of extracts which we have made from the Report render it superfluous for us to say more in its commendation. We have only space to express our thanks to Dr. Nathaniel B. Shurtleff, to whom the charge of preparing it was committed; to Mr. E. P. Robinson, by whom the tabular extracts were made; and to the Hon. Ephraim M. Wright, Secretary of the Commonwealth, to whose wise supervision the public is so largely indebted for this and former Reports. It is a matter of much regret that



the State has lost the services of so faithful and efficient an officer ; we are sure that he carries with him in his retirement, the thanks and good wishes of the whole community.

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*An Investigation into the Facts and Theories of Fermentation and Putrefaction.* By HENRY PEMBERTON, Practical and Analytical Chemist.

THIS is the title of a pamphlet of thirty-eight pages, originally communicated to the Philadelphia Medical Examiner, No. CXXV., May, 1855.

The principal portion of the article is occupied with a condensed, but at the same time distinct and satisfactory relation of all the facts and experiments known concerning fermentation and putrefaction, the study of which could cast any light upon the principles involved in these decompositions. After quoting Liebig, Gmelin, Schmidt and others with regard to *Erema-causis*, slow oxidation or combustion, a kind of decomposition where the matter gradually disappears without producing visible secondary products or offensive odors, and where no microscopic vegetations have yet been discovered, the author states that the dry rot of timber may perhaps be considered as an instance of *eremacausis*, although frequently attributed to the effects produced by a vegetable parasite that attacks it. He states that he has seen four floors of a large store completely destroyed within two years, so that the heavy joists would not bear their own weight, the timber being found covered with a green mould quite perceptible to the naked eye. An account of the nature of yeast, with its two microscopic germs, viz., those of *torula cerevisiæ* and *penicillium glaucum*, from Blondeau's description, and an interesting account, by Marcal de Serres, of the manufacture of Roquefort cheese, are given. The production of nitrous acid during the progress of alcoholic fermentation is alluded to, and the fact stated, that the evolution of this gas, from the fermenting vats in the New York distilleries, often renders it impossible to remain in their vicinity, from its violent action upon the eyes.

Schroder and Von Dusch have lately established the fact that when air is passed through a tube filled with raw cotton, it becomes incapable of inducing fermentation or putrefaction in substances that would rapidly undergo these changes if common air was substituted. The author, with the view of deciding whether this property is due to the structural arrangement of cotton, or whether it is possessed by all finely divided substances, and with the hope of detecting these invisible germs, instituted experiments with pure, fine, white sugar as a filtering medium, previously heated to 212 deg. Fahr. The same effects were produced as with the cotton filter, viz., the preservation of meats in contact with air thus filtered. No organic structure was detected in the sugar, however, although a flocculent mass of vegetation, resembling, but not identical with, *penicillium glaucum*, was found in the water through which the air was passed previous to entering the sugar. In another experiment where the sugar was not heated, putrefaction took place. The author believes that sugar, in common with all matter, organic and inorganic, that is not destructive to vitality, contains a substance capable of being taken up by a current of air, and possessing the property, while thus suspended, of exciting fermentation ; this property, however, being destroyed by a temperature of 212 deg. Fahr. The author concludes by reviewing the three theories of fermentation and putrefaction most worthy of credit, viz., that of catalysis, promulgated by Berzelius, that of atomic disturbance, by Liebig, and that of minute animal or vegetable organisms, proposed by Schwann. He endeavors to answer the objections of Liebig to Schwann's

doctrine, which is certainly more in accordance with recent investigations than any other yet proposed, and states that the phenomena of organic decomposition "may be distributed into three classes, the action in each being distinct in its causes and manifestations. These are, 1st. *Eremacausis*; restricting this term to those decompositions that are produced simply by oxidation, without the presence of any substance, either organic or vital, other than those immediately concerned in the decomposition; the oxidation of oil, the formation of acetic acid from alcohol, by means of platinum sponge, &c., being examples. 2d. Changes induced in certain bodies by the presence of another substance, in determining the fixation of water and the formation of new compounds, as in the conversion of starch into grape sugar by *disastase*, the decomposition of *amygdalin*, &c. 3d. The process of fermentation and putrefaction, properly so called, including all those cases not embraced under the previous headings, in which the decomposition is produced by the presence of germs of vegetable or animal life."

The pamphlet is well worthy the attention of scientific physicians.

B. S. S.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 31, 1856.

### M. BROWN-SEQUARD'S DISCOVERIES OF THE FUNCTIONS OF THE SPINAL MARROW.

SELDOM has the scientific world been taken more by surprise than when M. Brown-Séguard announced his recent discoveries relative to the functions of the spinal marrow. Whatever may be wanting to complete our knowledge of the action of this portion of the nervous system, the brilliant investigations of Sir Charles Bell seemed to have set at rest forever the question as to the particular fibres which communicate motion to the muscles, and sensation to the brain. The theory of Bell, in a few words, is as follows. "The spinal cord has two functions, relative to the two substances of which it is composed. It serves as an independent organ, detached from the brain, for the performance of reflex actions, a property which it owes to the grey matter contained in its centre. By the white substance it acts as a medium of communication between the brain and the parts to which the nerves are distributed, the posterior columns conveying sensations *upwards*, and the anterior and lateral columns transmitting the power of motion in a *downward* direction. This theory was less the result of experiments upon living animals, than of a process of reasoning, Sir Charles having always manifested a strong repugnance to vivisections. M. Longet, however, demonstrated, by the application of galvanism to sections of the spinal marrow of animals, that irritation of the posterior columns caused no movement, while that of the anterior columns occasioned no pain. On the contrary, the galvanic current caused extreme pain when applied to the posterior columns above the transverse section of the medulla, and excited movements when directed through the anterior columns of the lower segment. The grey matter was found to be insensible to the irritation of electricity. The theory of Bell, so remarkable for its simplicity and apparently so perfectly supported by the demonstrations of one of the most eminent experimental phy-



siologists, could not fail of universal adoption, and although pathological facts were occasionally made known which appeared to contradict, to some extent, its conclusions, it seemed natural to believe that these were inaccurately reported.

It will be observed, that in the experiments of M. Longet, the spinal cord was always completely cut across. We may not unreasonably ask whether the organ thus divided is in the same condition for transmitting sensation and the power of motion, as when its continuity is in a great part preserved, and why this method of experimenting was employed, instead of cutting through each portion in succession, and observing the effect produced upon the function attributed to that part? In reply to the latter inquiry, M. Longet states that the operation of laying bare the spinal marrow, and evacuating the fluid which is contained in the cavity of the arachnoid, is always followed by paralysis, both of sensation and motion, of the posterior extremities, thereby rendering further investigation impossible. Here was the great obstacle to researches in the functions of the spinal cord, and the removal of this obstacle was the first step taken by M. Brown-Séquard. He ascertained that the nervous disturbance following the opening of the spinal canal was caused by the loss of blood and by the pain and shock consequent upon the operation. By operating in such a manner as to prevent a great flow of blood, and by allowing the animal time to recover from the depressing effects of the operation, he found that both sensation and motion returned to the posterior extremities in almost, if not quite, their original degree.

Thus enabled to experiment upon the cord in a normal state (as far as its functions were concerned), he proceeded to isolate various portions of the different columns by sections made with extreme care, and demonstrated a series of laws relative to the spinal functions, the principal of which are the following:

1. The posterior columns may be divided without destruction either of sensation or motion.
2. Sensation and motion are destroyed when the grey substance is cut across.
3. Integrity of the antero-lateral columns does not interfere with the loss of motion, nor does integrity of the posterior columns prevent loss of sensation.
4. Division of the posterior fibres of the cord, so far from abolishing sensation in the parts to which these fibres are distributed, appears, on the contrary, greatly to increase it.
5. When the posterior columns are divided, sensation continues to be transmitted between the lower portion and the grey substance, which transmits the impression to the sensorium by means of fibres descending from the upper portion, and joining obliquely the grey substance below the point where the section is made.

Our limits forbid us to detail the experiments upon which the above conclusions are founded. They have been repeated over and over again with the same results, in the presence of a committee appointed by the *Société de Biologie*, consisting of MM. Claude Bernard, Bouley, Broca, Giraudeau, Goubaux and Vulpian, to whom was referred M. Brown-Séquard's memoir, and and who were entirely satisfied with his conclusions. The interesting report which they made to the Society is the most convincing evidence of M. Brown-Séquard's skill as an experimenter and his eminence as a physiologist.

### FORMIC ACID IN THE BLOOD OF A PERSON KILLED BY THE INHALATION OF CHLOROFORM.

THE following note, received from a source which entitles it to credit, will be read with interest.

"In the Journal of January 17th, an account of a recent death from chloroform in this city, was given. A quantity of the blood, removed at the autopsy, was placed in the hands of Dr. C. T. JACKSON for chemical examination. He has ascertained that the blood contained formic acid, and that it could readily be separated by distillation in the heat of a chloride of calcium bath.

"Chloroform consists of formyle and three equivalents of chlorine; formic acid of formyle and three equivalents of oxygen. The three atoms of chlorine leave the chloroform and unite with the blood, while three atoms of oxygen leave the blood and unite with the formyle of the chloroform, replacing the chlorine and producing formic acid. Thus the blood is not only deprived of its oxygen, but it is so altered as to be incapable of absorbing vital air and the patient dies from asphyxia. The production of formic acid under such circumstances has never before been known, and of course it is to be regarded as an important physiological fact of no small practical moment."

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### THE RECENT DEATH FROM CHLOROFORM.

IN our remarks concerning the recent death from the effects of chloroform, in the Journal for Jan. 17th, we said, "we cannot help thinking that the amount of chloroform used in this case was very large." We did not perceive at the time that we might be doing an injustice to Dr. EMERY, and prejudice the public against him as a skilful operator. Dr. Emery assures us that although from two to three drachms were employed, the restlessness of the patient was such that she could not possibly have inhaled more than a drachm. The sponge upon which the chloroform was poured was of a loose texture, and had a large hole through which an abundance of air could enter. Dr. Emery has used chloroform in a large number of cases, and never before met with an accident. We cheerfully make these statements, which, however, only set forth more strongly the uncertainty and danger of chloroform, and the expediency of abandoning its use in favor of sulphuric ether in all ordinary cases.

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### CAPSULES OF MATHEY-CAYLUS.

WE have seen several preparations of pure copaiva and copaiva combined with other substances, such as citrate of iron, cubebs, rhatany and magnesia, enclosed in capsules of gluten, made by Mr. Mathey-Caylus, of Paris. Among the advantages claimed for the capsules of copaiva over others, the principal are their small size, being one half less than the gelatine capsules, although containing the same amount of the balsam (which improvement is owing to the thinness of the envelope), and the nature of gluten, which, dissolving slowly, prevents the escape of the copaiba until after the capsule has escaped from the pylorus, thereby saving the patient from the disagreeable eructations which form one of the objections to this medicine. The first of these improvements is obvious to the eye; we have had no opportunity of judging of the other. The combination of copaiva with other medicines, especially with iron, we regard as a valuable improvement, particularly when prepared in a form so easily taken, and we doubt not these preparations will be found to be of service in various other diseases than gonorr-





